MENTAL HYGIENE

VOL. XXXI JANUARY, 1947 No. 1

MEDICAL INFORMATION AND MISINFORMATION *

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THE days of such sentiments as, "The public be damned," or, "The people want to be humbugged," have gone with the bowler, the bustle, and the Bowery. It is now generally agreed that a democracy depends upon an enlightened electorate.

This conviction has penetrated all walks of life. Conscientious medical men take their responsibility in this regard seriously. They have, moreover, unmasked themselves. They have shaved off their beards, taken off their clericals, and stand before the public for what they are—ready even to expose their own ignorance. This is all to the good.

There is, moreover, an elaborate organization by which the man on the street can inform himself of medical and scientific discoveries and developments. The press has increasingly adopted a policy of accuracy and professionalism. Such writers as Albert Deutsch, Waldemar Kaempffert, and William Laurence are doing a fine service in presenting and interpreting scientific facts and theories to the untrained reader.

The American Medical Association and the various state and county societies, through committees on public relations, carry on active campaigns to enlighten the people in matters of health. The magazine *Hygeia* is one of many media through which the American Medical Association aims to educate laymen.

* Presented at the Thirty-seventh Annual Meeting of The National Committee for Mental Hygiene, New York, October 30, 1946.

Here in New York, the Academy of Medicine has for years taken a leading part in furthering the welfare of our citizens by acquainting them with advances in medical knowledge. Its Bureau of Public Information sponsors annual lectures to the laity, delivered by recognized authorities. For the last ten years these lectures have been published in book form.

Under the able and imaginative leadership of Dr. James Alexander Miller and Dr. E. H. L. Corwin, the academy's Committee on Public Health Relations has for thirty-five years studiously and energetically addressed itself to various health problems, covering the whole range of medical interest, as Dr. Corwin puts it, from nutrition to sewage disposal. This committee has coöperated with many social agencies and has often influenced important legislation.

The faculty of the Harvard Medical School has, for many years, offered an annual lecture series. Wherever adult education is fostered—for example, at Cooper Union, or at The New School for Social Research—part of the curriculum is likely to be devoted to medical topics.

One can hardly turn on the radio without hearing some doctor—sandwiched, to be sure, between a honeyed crooner and a splash of hot jazz—delivering a talk on such subjects as rheumatic heart disease, the feeding problems of infants, or the sulfa drugs.

The movies have taken up the vogue of medical enlightenment and through documentary shorts show us the life cycle of the malarial plasmodium or a fascinating picture of the discovery and preparation of penicillin.

Drug houses publish expensive illustrated brochures on the dismal effects of avitaminosis on the white rat or on the phenomenal changes in the capon induced by testosterone.

Health centers, maternity centers, municipal and state departments of health, and the United States Public Health Service, all contribute their share in the dissemination of knowledge.

In addition there are various special societies, such as the National Tuberculosis Association, the American Heart Association, the American Cancer Society, the National Association to Control Epilepsy, and finally the group that I have the honor of addressing this morning—The National

Committee for Mental Hygiene. Each one of these societies—through meetings, lectures, books, pamphlets, press releases, and all the modern techniques of publicity—strives to carry home to the public the truth and significance of its high purpose.

The list that I have just furnished you is admittedly an impressive one, though it is certainly far from complete. The public is fortunate to have at its service so many sources of factual information. Any one who is literate and in the possession of his faculties can inform himself on many medical matters. He who runs may read. In the face of this avalanche of information, it is indeed hard to see how the man on the street withstands enlightenment.

And yet he often does. Why is this so? Why, in spite of all of these efforts, is there still so much medical misinformation?

Let us take a look at this problem. I have already enumerated the many channels of accurate medical information. Each one, however—whether printed, spoken, or photographic—may also be a source of misinformation. Although newspapers have greatly improved their handling of medical news, a defect that still remains lies in the reporting of half-truths taken out of context and then blown up for sensational-headline purposes. For example, a young reporter will attend a medical meeting at which papers are presented on the treatment of general paresis or tabes with penicillin. He has probably been given a handout and, therefore, the body of the text will quote Dr. X and Dr. Y quite correctly, stressing all of their tentative and cautious conclusions—and yet the column will be headed: "Doctors Find New Cure for Syphilis."

On the written words of my medical colleagues I have, naturally, few comments to make—except to say that I often can't understand them myself. When I cannot, I like to think that it results from the manner of presentation, rather than from my own stupidity. After a fair number of trials, including the reading of several popular pieces, I have only just discovered a scientific paper on the Rh factor that has made this complicated subject more or less clear to me. Now the Rh factor should be a matter of great concern to the public.

But how they can be made to understand it unless scientists learn to write plain English for public consumption, I can't imagine.

The writing of good English is admittedly a difficult art and like all other arts requires a lifetime of devotion. Sir Osbert Sitwell says that an author can never take a vacation. He describes how he wrestles with his creative angel in the small hours of the morning and quotes H. G. Wells, who once remarked to him: "If you are in difficulties with a book, try the element of surprise . . . . attack it at an hour when it isn't expecting it." Such dedication to the art of expression is hardly possible for the already preoccupied physician, teacher, or research worker.

But there are other reasons that militate against the medical fraternity's learning to write clearly and easily for the public. Until rather recently such activity was more or less frowned upon in this country. We are a nation of professionals and specialists. If you are a doctor, people don't generally accept you as a writer, and *vice versa*. It makes them uncomfortable to have to think in more than one category at a time. Perhaps you have heard of the professor's advice to the student who decided to practice dermatology. He said: "You must be so identified with your specialty that when people hear your name, they will begin to itch."

Our English cousins have not been so single-minded. It is nothing for a wholesale greengrocer to be also the greatest amateur expert on butterflies. British scientists have long taken their responsibility to the public seriously, just as our nuclear physicists have begun to do. The Huxleys and Jeans's and Eddingtons and Haldanes have not lost stature through their popular writings. It has been an admirable custom in England for the greatest scientists to give lectures to children during the Christmas holidays.

In medical circles such names as Rollston, Lord Horder, Lord Moynihan, Michael Foster, Lauder-Brunton, and others have been an adornment to medical literature, as Osler's and Cushing's have been here.

There is a stiffness and a scholasticism and a love of cant in the professional writing of medical men that interferes with their getting their thoughts over to the public. When

they do relax a bit and come down from the lecture platform and talk simply—even committing that final outrage of using the first person singular—then they run smack into the raised-eyebrow department of their colleagues. But tell me how are you going to catch the interest, say, of several million American women who should be taught something about the problems of adolescence, if you address them in the dry, impersonal tones of a school-teacher? One has to approximate their own idiom and do it without cheapness and with strict adherence to fact. Admittedly that is an art.

The art, of course, is well known to many professional writers. More and more of them are writing on more and more medical topics for more and more magazines—weeklies, monthlies, pulps, and slicks. Sometimes they do it amazingly well. Sometimes it is a source of embarrassment to us medical people and of disservice to the public. A few years ago one of our popular weeklies published a piece on hypnosis —referring to it as the shining new weapon of psychiatry and mentioning the name of the director of a New York hospital in which hypnosis was practiced. The poor man was deluged with pleas for help, and patients came to the hospital doors from as far as Alaska.

These lay writers on medical subjects are quick to pick up anything of news value. They will often call on us and consult us with great earnestness about some subject of timely interest. Some of them come prepared, and have at least a background of reading and library research. Others try to draw us out in interviews. "Doctor, what do you think about high blood pressure?" "Why are American women nervous?" "What is wrong with our children, anyway?" "What about insomnia? Is it on the increase?"

No doubt each one of these topics would make excellent copy—but the medical man is naturally wary of such interviews. With a little experience he will soon learn to discriminate between the serious writer and the hack. He will also be chary of the rewrite man who has a love for jazzing up the stuff we give him. One of them recently asked me whether it was not true that the rich were more frequently neurotic than the poor. My answer was admittedly a dry one. I said we had no adequate statistics, but it was my

impression that there was no correlation between neurotic illness and income. The interview came back: "Neurotic illness is not an occupational disease of the idle rich who get their only calluses from cutting coupons." This kind of phoney writing we do not like, and, moreover, it isn't necessary in order to interest and instruct the lay reader.

One would hope that collaborators could be found to work together. But Gilberts and Sullivans are rare in this world. It is more likely that we will have to learn to set our own words to music. At least there is an increasing tendency among responsible and authoritative medical men to address the public directly, because they look upon it as part of their job to do so.

To turn now for a moment to the radio, this ubiquitous instrument has become a valuable means of transmitting medical knowledge. Doctors are, of course, loath to accept the sponsorship of commercial houses who may use them to advertise their wares. We do not want to become the champions of a particular brand of whisky or tooth paste. But such a program as *The Doctors Talk It Over,* sponsored by the Lederle Laboratories, is something else. These programs are broadcast to the medical profession by its leaders. No doubt many laymen as well listen to them with profit. They cover important and timely topics, and the list of speakers is a distinguished one.

But, again, the art of broadcasting is not native to medicos. Even when they conquer their mike fright, they are often dull, prosy, and prolix. Here is a sample from a radio talk a doctor gave one week-day afternoon to housewives: "Although I stressed organic disease, one must not lose sight of the early symptoms of behavior disorders, which are amenable to proper management under the guidance of your physician. But in addition to behavior problems *per se,* changes in behavior may themselves indicate organic disease."

"Do you understand what he means? Do you think the housewives understood? Do you think they will be able to tell a 'behavior problem *per se*' when they see one?"

This quotation, and the comment on it, are taken from that lucid and luminous book, *The Art of Plain Talk,* by Rudolf Flesch.

But if the amateur on the radio has his limitations in this field, so has the professional. I listened to a medical radio drama not long since: An ambitious and extravagant wife, egged on by her children, was urging her poor, tired husband to greater and greater efforts in order to keep up with the Jones's. Finally the camel's back broke. The husband had a heart attack, accompanied by the usual stertorous radio music.

Enter Dr. Pill, who reads the riot act to the assembled and terrified family and makes the poor victim feel that his life is worth about thirty cents. He finally departs, leaving behind him an admonishing atmosphere of guilt and gloom. "Rotten medicine," I said to myself. It seems to be about as hard for a radio actor to talk like a doctor as for a doctor to talk like a radio actor. Perhaps techniques can be worked out to stage medical dramas of the air with a more genuine ring to them.

Of the screen, I will have little to say. I have already mentioned some of the excellent documentary shorts. The full-length cinema productions of medical subjects seldom quite come off—from our point of view. Crowded houses and box-office receipts need have no relation to scientific truth—except perhaps an inverse one.

The recent glut of psychiatric films is an interesting spectacle and a challenge to us psychiatrists to present a more accurate and sincere picture of our specialty. As I have said elsewhere, it is no service to psychiatry or to the public, or to any one not interested in box-office receipts, to project on the screen a seductive female intern, emotionally involved with a veteran who is "a victim of amnesia," as the papers have it. The veteran is finally cured by a nostalgic tune on the piano. Then the day breaks, the birds twitter, and he either does or does not marry the intern. Nor, again, is it useful to tell horror stories, or accurate to make the psychiatrist look like a Gestapo agent, putting his poor patient through a kind of third degree and, lacking only a short length of rubber hose, shocking a confession out of the sick man, who then miraculously recovers. When Hollywood learns that great art is never the enemy of truth, we will have better movies and better public education.

I cannot leave this part of my discussion without a word on the advertising game. It is a game and the public is its plaything. We are hammered, beaten, and exhausted into brand consciousness. "Buy Vita Loaf. It's got vitamins! It's chockfull of body-building, bone-building, energy-building vitamins!" Or, "Use Hormone Skin Cream. If you want love interest to thrive, massage each tiny ripple of your body daily with this scientific wonder cream. Just watch the wrinkles fade out. Glamorize your skin. Be radiant!"

As Professor Hayakawa puts it: "Advertising has become the art of overcoming us with words . . . We are sold daydreams with every bottle of mouth wash, and delusions of grandeur with every package of breakfast food."

I need hardly tell a sophisticated audience that—in spite of the regulations of the Federal Trades Commission and the Pure Food and Drug Act—these commercial plugs are a prolific source of medical misinformation.

So much for the techniques of transmitting medical knowledge. May I now turn to less specific, but more far-reaching reasons for misunderstanding on the part of the public?

In a communication system between men, what goes in at one end is not always what comes out at the other. With the use of such symbols as words and pictures, there is always the chance of misunderstanding. These symbols are at best approximations and conventions, and will be weighted according to the connotative experience of both transmitter and receiver. I wish I were a student of semantics, so that I could go further into this important aspect of misunderstanding. Perhaps I can illustrate my point best by suggesting that a red banner means one thing to a bull in a bull ring, another to Bilbo and Rankin, and something quite different to Messrs. Molotov and Stalin.

A principal source of misunderstanding and, therefore, of misinformation lies in the misinterpretation of symbols.

Language, according to Hayakawa, performs a double task. It *informs* us and it *affects* our feelings. The informative part of language depends upon our ability to use noises as symbols. But some noises that we make are pre-symbolic—that is, they express and invoke feelings in ourselves and in others. As Hayakawa says, they are "the equivalent of

screams, howls, purrs, and gibbering." It is, of course, a fallacy to think that one word has but one meaning.

Stuart Chase tells us that the City Council of Cambridge, Massachusetts, "unanimously passed a resolution (in December, 1939) making it illegal 'to possess, harbor, sequester, introduce or transport, within the city limits, any book, map, magazine, newspaper, pamphlet, handbill, or circular containing the word Lenin or Leningrad.'" In other parts of the world further from the Hub of the Universe, the sound "Lenin" might not be so dangerous to make. Or again: "State Senator John McNaboe of New York bitterly opposed a bill for the control of syphilis in May, 1937, because he feared that the innocence of children might be corrupted by a widespread use of the term . . . 'This particular word creates a shudder in every decent woman and decent man,'" said he.

I doubt whether the sound of the word "syphilis" made Shaudinn shudder, who discovered its cause, or Ehrlich, who discovered its cure. The fact is that most of the sounds we make both denote and connote something. Consider what has happened in the last few months to the sound "meat" or "strike."

Medical language has a peculiarly affective quality, because anything connected with our health is apt to arouse strong feelings in us—especially of anxiety. If we have suffered a heart attack, or if a woman has discovered a lump in her breast, or if our soldier son comes home from the army depressed, dissatisfied, and at odds with himself—then such words as "coronary thrombosis," "tumor," or "psychoneurosis" may arouse great anxiety in us.

Physicians are often unaware how vast this reservoir of anxiety is and how frail the barriers that keep it back. Their lightest word, even their most efficiently objective report of findings, may do more damage than their medicines do good. This ever-present anxiety, of course, interferes with understanding and is responsible for a great deal of misinformation. It has led to an overemphasis on physical symptoms and to a demand that treatment be directed primarily at the offending organ—rather than at the whole person. People take what they can take in the way of information, but if

facts are too distressing, they ignore them, distort them, or even find it necessary to abuse those who impart them. We want to kill the messenger who brings the bad tidings.

If general medical facts call out strong emotional responses, how much more so does anything that has to do with psychiatry? We physicians, and especially those of us who are interested in mental health, will have to keep this constantly in mind in addressing the public. There is a widespread horror of mental and emotional illness, an intense desire to be looked upon as normal, a fear of what others will think or say. In some small communities the dread of being seen going to a psychiatrist would be great enough to keep people away from him—even if there were one to consult.

There is no doubt that this attitude is responsible for confusion, misapprehension, and delay in seeking help. I have just had a letter from a woman—unknown to me—in Texas, who writes: "I believe that most of the education of the public must come from the average physician. But they are at present more ignorant of this phase of medicine than a layman who has had even a slight acquaintance with it through some member of his family who has had psychiatric treatment."

Perhaps her allegation is unjust, though it cannot be denied that a trusted and enlightened family physician would be the best instructor in these matters, and would be in the most favorable position to allay anxiety, if he were not himself a prey to it. What I have said of the family doctor could also be said of the public-health nurse.

The double meaning of words to which I have alluded is, of course, not conferred upon them by the hearer alone. Much of what medical men say and write about is controversial and is overlaid with strong feeling. This is inevitable in a living science. Disagreement exists chiefly in the frontiers of knowledge. Where methods are empirical, where experiment and predictability are not yet possible, where scientific fact is unsupported by adequate theory—there will be differences of opinion and disputation. It will not surprise us, therefore, that in such fields as allergy, for instance, there is a good deal of general misinformation. And especially is this true in our own field, psychiatry, where methods are less

precise, statistics hard to come by, theoretical conceptions tentative. We disagree among ourselves—and hotly, too—on such matters as psychoanalysis, shock therapy, and others. About them, therefore, we find many fantastic popular misconceptions.

Let me now summarize.

I began this talk with an enumeration of the many excellent sources of accurate medical information, most of them stemming from organized medicine. The techniques for the dissemination of knowledge were discussed, with particular reference to writing, radio, and the screen. Each one of these can also be a source of misinformation. I made a respectful bow to our best lay writers on scientific subjects and analyzed some of the difficulties that confront the medical man who attempts to address the public directly. I also delivered a well-deserved kick at the commercial plug which, in its effort to brand brand-consciousness upon us, has little interest in truth.

I then went on to a discussion of some of the difficulties inherent in communication between men. I pointed out that many words have two meanings—one meaning informs and the other arouses feelings in the hearer. It is a fallacy to think that a given word has only one meaning. Furthermore, the hearer will understand only what he can take. If his anxiety is aroused—as it often is in matters of health—he will be confused and will defend himself against enlightenment. This fact must be constantly kept in mind by those of us who are concerned with mental hygiene. Disagreement, however, is bound to occur in those branches of science in which facts are less well established and theories less well supported by them. That is what I have said up to this point.

Now where do we go from here? How can we improve our methods of public education and thus strengthen the hand of medicine?

We can strive for more honest professionalism on the part of lay writers and for the use of straightforward, plain English on the part of medical ones. We should certainly foster and encourage collaboration between these groups. Perhaps it is utopian to think that movie magnates can be persuaded of their great responsibility and opportunity or can be made

to realize that the truth is actually more interesting and dramatic than their fictions.

Although the advance of science, so often confused with technology, depends first and foremost on ideas and on genius, organization and equipment are of vital importance and they take money. Private funds are no longer as lavish as they once were. The whole relation of medical research and education to state and federal money will have to be worked out. Our legislators need to learn that uncertain tenure, civil-service restrictions, inadequate pay, and short-term appropriations are not a congenial soil for the growth of ideas. While the medical profession is rightfully apprehensive about being absorbed by government, its fears have led to politically reactionary and often misleading propaganda. This has been of no service to the profession itself or to the public who look to us trustingly, but perhaps mistakenly, for wise leadership in matters social and economic.

In psychiatry especially, our thinking has been perhaps too much oriented toward the individual patient, and not enough toward the community in which he lives. Often his illness is a symptom of a sick society. The prevention of mental illness is the most essential task of the community. It is not one that psychiatrists—even if their number were increased tenfold—can accomplish without the help and understanding of other responsible citizens, especially those in positions of leadership in industry, labor, religion, law, and education—particularly education. The classroom teachers in our public schools could be more influential than any other group if they could be given some real insight and understanding.

In the long history of medicine, we physicians are but characters in the play called, *As You Desire Me.* When society believes in evil spirits, we wear masks and beat drums to frighten them away; when it is persuaded of possession by witches, we bore holes in our patients' skulls to let the witches out; when it is given to materialism and worships the dynamo, we become engineers who approach the study of disease with mathematical equations and curves drawn on graph paper; when the emotional problems of living confront us on all sides, we turn to psychosomatic medicine.

Finally, when society is forced by events to recognize its own disorder, then we physicians reluctantly crawl out of our libraries and laboratories and consulting rooms to talk to the people directly. Such a time is now with us. I believe that we have a contribution to make, if we can only master the techniques of communication.

We know—from biological evidence alone—that the garnering of the stock piles of destruction means their eventual use for such purposes. We know that only the inhibitory effects of the higher centers of the brain can keep in check chaotic and destructive forces. If we do not give heed to our knowledge and create, before time runs out, a world government; if we cling to the anachronistic delusion of a defensive war or to the suicidal delusion of a preventive one—we will all slide down the well-oiled ways to Armageddon. Perhaps we can still behave like rational beings.

If mental hygiene has ever been challenged, it is challenged now.

THE GOLDEN OPPORTUNITY FOR PUBLIC EDUCATION*

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MR. CHAIRMAN and Ladies and Gentlemen, I am an interloper here at your request. I begin by saying that, because I do not want any one to have the impression that I for one moment think that I have any technical competence in the field of mental hygiene. I watch it from the outside. I consume some of your literature. But I am very much aware of the fact that I am an outsider. I understand that those who plan your programs sometimes deliberately choose such speakers for this particular spot at your annual luncheon meeting.

Out in Brooklyn they have taught me, in eight strenuous years of public administration, that when you are on that sort of spot, and when you feel a bit "on the defensive," it is an absolute waste of time to think about the defensive aspects of the situation. Just take whatever limited time, energy, and resources you have, think up the best offensive position you can take, and sally forth.

That, of course, is a familiar symptom to this psychologically informed audience, and I wanted to make you feel comfortable and familiar as I started out.

You have been working in this area now for well over a generation, a long generation, and you have made surprising progress, considering how limited the resources in human energy and in money were, and considering the opposition that you have encountered, even from such intrenched vested interests as the medical profession, which made it particularly hard to make a fruitful beginning. If you look over a program such as yours here at this meeting, you see a record of very great progress. It is made possible by a medical

* Presented at the luncheon of the Thirty-seventh Annual Meeting of The National Committee for Mental Hygiene, New York, October 31, 1946.

profession that is increasingly aware of the inevitability of a joint attack on common problems by medical men and mental hygienists, and it is also a record that reflects a growing public interest in the entire area. It is true that the governmental interest is especially stimulated by the war-related problems of veterans, but it is a large breach in the dyke, and you can use it for the development of a wider horizon.

You have also begun to think in terms of the application of mental-hygiene principles to political questions, such as the relationship of your approach to the study of the forces that make Fascism possible. Personally I would prefer to have such an inquiry cast in terms of the more comprehensive appeal of totalitarianism, because the tendency to be destructive of free human personality is not limited to the Fascist side of totalitarian practice. In general, your approach here is encouraging evidence of a widening social horizon, especially if we compare it with the old clinical approach, which dealt with the problems of the individual patient.

However, I am here to argue to-day that, with all that progress, you strike me as being very busy—and glorying in your busy-ness—in discussing a scheme to change the saloon decorations on a steamer that has a hole in her bottom. From now on I am going to develop that thesis.

The quickest way to get to the heart of the problem is to look at what is happening to young people, to young American people. We talk about young people in terms of "education." We think we "improve" education if we spend more money on it, if we increase the salaries of teachers, and if we do a certain amount of tinkering with the curricula of schools and colleges. Most of our energy is spent in that direction.

Let no one misinterpret what I am going to say here. I am not saying that teachers' salaries or curricula are adequate. But under present circumstances, exclusive concern with cost-of-living adjustments for teachers or preoccupation with a reshuffling of the curriculum is precisely what I meant when I said that we are concerned with the saloon decorations and not with the hole in the bottom of the steamer. Even if salaries should become adequate, even if New York City should pay its teachers as much as it pays its truck drivers—and you would have to go a long way to achieve such an

exalted position—even if you did all that, and even if you made the most statesmanlike adjustments in the curriculum, you would still not approach an understanding of the gap that exists between what the school *aspires to give* young people and what young people in the end *are*—at the end of the schooling. I am referring to the radical shift during the past thirty-to-sixty years in the composition of the total of all the formative influences that are brought to bear on young people.

Traditionally, we think of these formative influences as, first of all, the family; secondly, the church; and thirdly, the school. To-day, those of you who have any familiarity at all with young people will know that these institutions are probably the least important of the formative influences now brought to bear on a very large part of our youth. All we have to think about is radio, and motion pictures, and the pervasive influence of "advertising," with its very clever and shrewdly designed appeal to customers, and particularly to young people, who are not endowed with as much perspective and sales resistance as adults. Finally, there is the educational impact of the general social and economic pattern in which young people grow up. It will be suggestive if we can think of all these influences in their "togetherness" as a formative—that is to say, an educational—force molding our youth.

Let us begin with the last—those social and economic circumstances in which our young people are growing up. America had a "youth problem" for the first time in its history after the depression that began in 1929. Young people were unemployed in larger numbers than any other age group in the population. In the beginning we did not understand the problem—or we doubted its existence. Radicals exploited the unemployed youth group, and it became easy to think that the whole problem was a "Communist" invention.

Adults would react by blaming the young people for "lack of enterprise," or "lack of loyalty"—and it was customary to contrast the expensive educational equipment made available for the present generation with the "little red schoolhouse" of more primitive times. Young people were not

"appreciative" of the privileges they enjoyed, and it was even intimated that an education which discarded the "fads and frills"—and returned "to the fundamentals"—would soon solve the youth problem.

The facts were inexorable, however, and as the statisticians analyzed them, they began to tell an eloquent story. Adult America had learned to protect itself against "insecurity" by organizing every little economic or vocational sector of the national economy against the competition of outsiders or newcomers. We organized "against competition." We formed trade unions and professional groups, and made it hard for new people to enter the organized fields.

It is easy for a middle-class audience to assume that such activities are limited to bricklayers or automobile workers. It is important to understand that professional or business groups are engaged in exactly the same practice; doctors and teachers are forever "improving" their standards, with the net result that it is harder for newcomers to qualify than it was for the folks who are now engaged in the profession. From a general economic point of view, there is no difference between a John L. Lewis and a Morris Fishbein, except perhaps that the one gets a larger salary and the other has a more extensive vocabulary. They are both walking delegates for a splinter in the national economy—and they represent that splinter as over against the log.

It is a daily occurrence in any educator's experience to meet a young man who would like to enter his father's trade—say, for instance, in New York, printing—but who finds obstacles in his way, such as trade-union rules, collective-bargaining restrictions, and other regulations designed to discourage newcomers. These things are not limited to trade unions, even if recent incidents involving Mr. Petrillo's activities in behalf of the musicians have spotlighted the desire to keep even students from getting a hearing.

Within a period of a few decades, adults developed this method of protecting their interests so that it covered the national economy with a network of hurdles against the newcomer. I do not argue that these factors were without benefits of a general social type. I shall leave that thesis for others to argue. To-day I am concerned with the impact of

such restrictive practices on youth. Essentially I have traced a pattern in which those who have arrived in a trade or a profession organize to establish higher standards, and these higher standards must be met by those who have not yet arrived. Typically, Morris Fishbein does not discuss doctors' incomes. He discusses medical progress and the scientific standards of public health. But then the plumbers talk about sanitation also. The net result for youth is that it is not as easy to be a doctor or a plumber as it was sixty or even thirty years ago. The net result is *restriction;* that is to say, it is harder for those who are not yet there to "get in." It is designed to create greater security for those who arrived early enough to be "included."

All these forces have been accentuated during the war years. To be sure, the immediate symptoms of the "youth problem" disappeared. Young men were at a premium during the war years, and the employment boom created a manpower scarcity.

The final research report published under the auspices of the American Youth Commission opened its conclusions with the statement that "it is perfectly clear that we shall have a 'youth problem' in the post-war period."[1] If this conclusion seems *perfectly clear* to the author of this competent study—and my own interpretation of the relevant data is in complete agreement with his conclusions—then it is even more striking to observe that "youth problems" are almost entirely overlooked in the present plethora of reconversion "plans."

The only agencies that have studied "youth problems" are the American Youth Commission and the National Resources Planning Board. Both ceased to function in 1943. Reconversion planners are busy with public "works"—politicians are concrete-minded in all senses of the term—and with the reëmployment of veterans, and I am far from denying that these are vital issues. But if America should once again isolate its fifteen-to-twenty-year-olds from normal transition to adult life, does any one care to predict what the effect may be on the stability of other public arrangements? Can a democracy ignore the rôle of disaffected youth in totalitarian

[1] See *Post-war Youth Employment, A Study of Long-Term Trends,* by Paul T. David. Washington, D. C.: American Council on Education, 1943.

movements abroad? Is there any evidence to indicate that the present man-power shortages have exercised more than a temporary influence on the social pressures that made "youth unemployment" so characteristic a feature of the period from 1929 to 1939? Or are we, in a community that was traditionally more open to newcomers than any other in the world, gradually, by deliberate organization and regulation, trying to keep our own youth from making an effective transition to the economic responsibilities of adult life?

The answer to these disturbing questions is quite simple. Nothing has been done to change the pattern that gave America its first serious "youth problem" in the thirties—and a great deal has been done to sharpen the pressures that will operate when our present inflationary boom has evaporated. The solid body of evidence gathered by the American Youth Commission under Owen D. Young's leadership has been totally disregarded, and even Dorothy Canfield Fisher's unconventional summarizing volume, *Our Young Folks,* is now merely a college-teachers' reference.

Every one of the forces that made unemployment in the "youth" group fully twice as high as the figure for the population as a whole, is still present—and many new pressures have been added to the old. We do not yet see these new pressures because we are still in the post-war reconversion boom and a pleasant inflationary haze conceals most of the disturbing symptoms. I am no prophet, and I do not know whether the readjustment to reality will come in six months or in six years. It will not last forever, however, and when the great disillusionment comes, we shall find some very disturbing new factors working against young people. In fact, it can even be said that the security programs of adults have become a vast conspiracy against the employment opportunities of youth.

During the war, collective bargaining developed with giant strides. There are now some fourteen to twenty million adults covered by contracts which in one way or another include "seniority" provisions. From the standpoint of youth, seniority provisions boil down to a protection of the right to a job of older employees against young employees, or against newcomers. "Share the work" provisions in case of reduced

operations give older workers a priority in case of recovery. Job-guaranty provisions give veterans a similar protection, and throughout the country, municipal, state, and federal priorities for veterans have created a stupendous hurdle for the youngsters now in high school. There are some thirteen million veterans in this particular group. Their job priorities are priorities over youth. The law does not say it in so many words, but that is the way it works out. I am not arguing that the veterans should not have such recognition of their services. I am simply looking at the result in the spirit of a clinician. What has it done—together with all the other restrictive forces—to the economic opportunities of our young people?

We are in great danger of creating a growing pool of young people—eager to accept the responsibilities of adult economic life—who are excluded *by design* from effective and satisfying transition to adult life. Such a pool of frustrated youth will ultimately become a dangerous group, irrespective of adult efforts to "teach" them citizenship and to counteract plausible "isms," unless we systematically organize for the equalization of opportunity for the young and inexperienced, who because of their youth—a country's most vital asset—are not protected in the competitive struggle of organized pressure groups for adults. It is no accident that Communists found youth groups peculiarly receptive to their propaganda in the years immediately preceding the war. The cause does not lie in the ability of their leadership or in the effectiveness of their propaganda. It is rather inherent in the treatment we were giving the youth groups in the formulation of our public and private employment policies.

It is sometimes argued that tendencies to restrict youth employment opportunities are "inevitable" in a "mature" industrial economy. In such matters nothing is inevitable unless we accept it as such, but there is no evidence to warrant such defeatism. England is as "industrial" as we are, and presumably more "mature." English figures do not prove the thesis that juvenile unemployment of American proportions is inevitable. Such unemployment was indeed somewhat higher in England than for the population as a whole, but working-class children moved into employment after leav-

ing school with relatively little difficulty. The reason seems to be a carefully planned wage structure which starts with a low initial wage and rises by smooth, age-related increments to the adult minimum. By contrast, American efforts at government wage regulation—and the same seems to be true of our collective bargaining—have established minimum wages at adult levels, with few or no exceptions for juveniles. Such adult rates are, of course, definitely discriminatory against youth. If a minimum wage is set at a figure designed to displace a minimum of adult workers, it may, nevertheless, have devastating effects upon the employment of younger workers.

If we should take the attitude that the drift of adult policy toward restrictive practices is inevitable—and many take this attitude without apparently sensing its implications—then we should study proposals for alternative public or educational—preferably public *and* educational—employment for the youth who will be prevented from making the traditional adjustment to adult responsibility through private employment. If this is the road we must travel, current talk in some quarters about shortening the educational period is nostalgic and reactionary wishful thinking. Such ignorant reaction will beget frustration and irresponsible radicalism. Under these circumstances, imaginative reconstruction, and deliberate extension of educational opportunities, will be the only conservative alternative.

As things stand now—with a progressive intensification of the forces that prevent young people from making a normal adjustment to the responsibilities of adult life—we are certain to run into major difficulties as soon as the present inflationary wave of spending has ended. The simple extension of present educational programs will not be an answer. Youth will see in such educational provisions a type of "make work" project because it will not gear into the assumption of adult social responsibilities. The creation of a highly educated—in the formal, traditional sense of "educated"—proletariat can be a major factor in the preparation for totalitarian doctrines.

If we are concerned with the development of conditions in which free personality and mature democracy can develop,

we should be deeply concerned about a trend to isolate a verbalistic education for youth completely from the adult world of practical experience in which achievement and functional satisfactions develop a "sense of belonging" and a sense "of being needed." Remember that we are thinking of young people with vigorous, healthy bodies. They have all the normal social and biological drives. They want to work and to share in vigorous activities. They need incomes that will permit courtship and marriage, and the establishment of new families. We offer them increasing hurdles in employment, and—at the best—an extension of a verbal type of education that is unrelated to the achievement of a vocational adjustment.

To cap the entire process, we submit youth of this type to the full impact of the major formative influence in American life—which is "advertising" in all its ramifications. It is an educational influence that completely escapes the control of the traditional "formative" institutions—that is to say, of the family, the church, and the school. Just think of the young people that you see around you—the eight-, ten-, fourteen-year-olds—and the way in which their pattern of life and expectancies is set by advertising. Remember, the overwhelming majority of radio programs are pitched on that level.

There is hardly a newspaper or a magazine that is not primarily a medium for the advertising fraternity. Everywhere on the radio and in the press you find the best talent in photography and in color as well as in type-setting skill, the best musical and the ablest theatrical talent harnessed to one dominant purpose. What is the purpose? The purpose is to evoke and refresh new senses of need, new awareness of material want. Read any advertising textbook and you will find a chapter on "the creation of consumer discontent." The purpose is to make people unhappy with what they have and to make them reach out for new products and new services.

It is a bit hard to understand why our conservative friends are concerned about the *Daily Worker* and not excited about people who are spending their whole lives in "creating consumer discontent." We have higher material standards of

living than any preceding generation of recorded history. We also have a greater measure of insecurity and discontent than earlier generations, and it would be hard to deny that it is closely related to the continuous assignment of so much of our best talent to the development of critical, negative attitudes toward what we have, and to the cultivation of an ever-expanding array of new wants.

Some of these factors have been an essential element of progress and of commerce in earlier generations, but there were also strong offsetting influences that built up a respect and a liking for stability and routine—such influences as, say, the church and the family. Surely no one is under any illusions as to the extent to which they exercise a comparable influence to-day. All we have to do is to glance at the divorce rate. It stands at roughly 30 per cent for the country as a whole, and—much more important as evidence of our trend—at from 40 to 60 per cent so far as currently contracted marriages are concerned.

That gives you a picture of what is happening to the basic, conservative institution in our type of social order, and it was also traditionally the basic educational agency. It is not an exaggeration to say that the family is going to pieces under our eyes, and at a rapid rate. In other words, the basic traditional formative influence on young people is disintegrating, and no adequate program of remedial reconstruction is in sight.

If we look at the influences that twelve- or fourteen-year-olds at present undergo with regard to marriage, would you be disposed to deny that—apart from a small group that still lives in a family-church culture in which marriage is regarded as a sacrament and therefore endowed with certain sacred sanctions—most of them are undergoing overwhelmingly, the greater part of the time, the kind of conditioning that can best be summarized by saying that marriage seems to be rooted in a sense of smell, as illustrated in the advertising of soaps, perfumes, or deodorants in newspapers, in magazines, and in radio programs?

These are the things that are emphasized day in, day out. If we are realistic about educational influences in our type of world, we must admit that this is the formative influence

that is being brought to bear on all our young people most of the time. Let us look a little beyond that and ask ourselves a question about the impact of this advertising appeal on young people who are surrounded by the restrictive vocational influences I have discussed earlier, and "educated" in a school system that does not make a joint appeal to emotion and body and mind, but that has become increasingly verbalistic in its appeal, teaching verbal symbols that are not related to reality most of the time, and therefore giving a spurious impression of certainty of knowledge. What are the predictable consequences when you limit purchasing power and block channels to secure it, while you teach a spurious faith in verbal dogmatism and expose people simultaneously to the appeal of an ever-increasing series of new material wants?

When the readjustment to normal post-war conditions has taken place, and the network of restrictive adult practices has had its full impact on the opportunities of young people, we shall have a generation on our hands that, from the standpoint of mental health, will be in the position of a bird looking at some beautiful ripe fruit behind a plate glass, and pecking at it, and being taught to peck more and more and more, while the plate glass is in the way, and very thick.

I have presented a very large problem to you in the sketchiest outline. My case did not rest on rhetoric or persuasive presentation. I have simply reminded you of a large number of simple facts concerning the social and economic framework in which our young people are "growing up." The facts speak for themselves. We do not often think of them as educational facts because we have a queer habit of thinking of education as the function of agencies and institutions that are labeled "educational." Clearly, however, these facts reflect major "formative" influences. They set the pattern in which our young people grow up. They represent the educational influences by which our youth is "formed."

When the problem ripens—and youth is once again set off as a separate group—we shall probably witness the same political and ideological exploitation that gave the word "youth" itself a subversive flavor to adults in the 1930's. There will be proposals to "solve" the problem by "teach-

ing" patriotism or "history." There will be more or less adequate improvisations by political leaders—such as the N.Y.A. and C.C.C. programs in the early period of the New Deal. "Educators" will criticize the political expedients because they will sense the germ of a potential federal educational system in these makeshift agencies, and conservatives in general will nostalgically idealize the "good old times" when schools "stuck to the fundamentals" and young people were "loyal Americans."

It can be granted without further argument that the federal expedients were open to a wide array of legitimate objections —but did any one propose a more adequate therapy? If we are to avoid another wave of verbal radicalism—the color of its shirts will be an accident of the politics of the time—shouldn't we give some thought *on time* to the mental hygiene of our present practices and procedures?

The general public is aware of a difficulty in the general area of our educational provisions. It responds to various forms of educational quackery, such as the appeal to "return to the three R's," or the notion that if we would only read the classics (in translation) we might turn out another generation of Jeffersons, Madisons, and Hamiltons. It receives very little help from professional educators as a group because the vested interests in specialized scholarship prevent an objective and unblinkered view of the educational process as a whole. Above all, we suffer from an antiquated vocabulary which teaches us to expect "education" from agencies that are labeled "educational," and this conventional classification prevents us from seeing the facts as they now are. That is to say, it prevents us from recognizing that the major "formative" influences in society to-day are not under any form of educational control. Here and there an administrator—responsible for a more comprehensive view—throws out a challenge to re-think the limits of formal education, but he is promptly squelched by a flood of "expert" opinions which correctly represent the views of intrenched academic opinion.

Would it not be helpful if a group like yours, which is by training and experience better qualified to speak competently on the inadequacy of our conventional perspective in formal

education, should devote some of its human resources to studying our young people in terms of the *totality* of the formative influences that are brought to bear on them? If a sound and comprehensive study could be made available by such a group as this, it would be on the books beforehand, and it would not appear to be still another by-product of panic in a period of crisis. Such a report or study would strengthen the hands of every one in formal education. It would give a welcome outside leverage to those who are presently engaged in a struggle with academic vested interests that are primarily concerned with the perpetuation of the existing "division of labor."

If we are to recast our educational structure in terms of an honest evaluation of our needs, we must not tinker with a curricular modification here and there, or with the addition of a few psychological and guidance gadgets in one place or another, but we must seek our golden opportunity in a recasting of functions that takes account of the revolutionary shift that has already taken place in the total picture of the formative and educational influences that affect our youth.

Every generation has the type of youth it deserves. If we are to profit from our own experience in the immediate past, we shall need to formulate a careful and comprehensive policy for the transition of our youth to adult responsibility in a mature democracy. The time to build the framework for such "a sense of belonging" is *now*—before we find ourselves swamped in the predictable outcome of further drift.

You are rightly rejoicing in the fact that the federal government is awakening to its responsibilities in this field. I share your satisfaction, but I hope federal funds and man power will not anchor your interests too solidly in a concern with the problems of veterans or with the problems of individual patients. It is far too important that we should ask more questions about the total framework in which these symptoms are becoming ever more prevalent, and ever more common. We are in some danger of treating mental disease in its symptoms rather than its causes, as if a medical man were to treat smallpox as if it were a skin disease.

I have a good example from another field. This may be a bit provocative to you. When we talk about city planning,

some of the most useful human resources can be found amongst the people who participate in an intelligent way in the real-estate business. They know that problem. It is very difficult, however, to use such experienced ability in city planning, because so many people in this group have a property-vested interest in urban congestion.

There is a similar possibility in the field of mental hygiene. It is comparatively easy to interest private and public supporters in the treatment of individual patients, and in research concerning such treatment. Funds are available for such work, and careers can be made in it. Professionally, there is a temptation to take the line of least resistance. Questions about the general social and economic framework in which such symptoms increase are not popular, and their study is less likely to afford a handsome professional income than the exploitation of the Park Avenue trade in autobiographical recitations in a social vacuum.

If we had trained brains in abundance, we could afford such conspicuous consumption of psychoanalytical flattery. Socially and politically, the hour is rather late, and if we are really concerned with the safeguard of free personality and with the development of mature democracy, a comprehensive study of the total impact of all the formative influences at work on young people to-day is overdue.

I want to close these remarks—which are a bit Cassandra-like, and quite deliberately so—with two quotations from last week's *Time*. They bring the subject "up to date"—down to the last minute.

The first is a success story on the part of the U. S. Army. It reports joyfully that it will no longer have to use the compulsions of the Selective Service System because voluntary enlistments are increasing rapidly enough to warrant dispensing with the draft. The army then told the story of its successful drive for volunteers, and *Time* reproduced the most effective army poster. At least one reader looked at it with dismay.

It was a poster in which you saw an attractive young woman sitting in a chair, and an attractive young man sitting in another chair, obviously at leisure, "enjoying life," and both very young. I think the one was knitting and the other was

reading a comic. The gentleman wore golf stockings and he was smoking a pipe. Clearly a case of leisure-class appeal. There they sit. How did they get there? Well, the poster makes it very clear. He joined the army at seventeen, and he retired on a pension at thirty-seven.

The appeal was: Join at seventeen if you want to retire at thirty-seven—if you want to sit in a chair, as these two are sitting, for the rest of your life.

That was the most successful army poster in this Year of our Lord, 1946, in America, which has always prided itself on the self-reliant men and women who founded this country. That is not theory. The army's success with this poster should not be overlooked among the clinical data about the state we are in to-day.

Secondly, and this will be my final quotation, in the current issue of *Time* there is a long interview with an old American artist, perhaps our most successful dramatist, Eugene O'Neill. It was a very interesting interview. O'Neill was speaking of his own experience with Americans, and with the theater, and then they asked him a question about the "success" of his work, and he spoke as follows—and remember this is not a college president speaking, this is not a bishop or the president of the Federal Council of Churches; this is Eugene O'Neill, thoroughly emancipated secular spirit, quite independent of the stereotypes of conventional American life:

> "It is very sad, but there are no values to live by to-day. Anything is permissible if you know the angles. I feel, in that sense, that America is the greatest failure in history. It was given everything, more than any other country in history, but we have squandered our soul by trying to possess something outside it, and we will end, as that game usually does, by losing our soul and the thing outside it, too. But why go on? The Bible said it much better, 'For what shall it profit a man if he gain the whole world and lose his own soul?' There is a feeling around, or I am mistaken, of fate, Kismet, the negative fate, not in the Greek sense. It has struck me, as time goes on, how something funny, even farcical, can suddenly, without any apparent reason, break up into something gloomy and tragic."

I rest my case with that.

PSYCHIATRY AND ATOMS*

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THE small object that was parachuted over Hiroshima on August 6, 1945, ushered in an atomic age that found the world entirely unprepared for its advent. While Einstein, Rutherford, Meitner, Fermi, and others had been heralding its approach, their audience was limited and few suspected the possibilities in store for us. The bomb that announced the success of their efforts may prove to be the most catastrophic bit of human audacity since that celebrated *contretemps* in the Garden of Eden.

Though most of the details are still secret, it appears from the published reports that only approximately one-tenth of one per cent of the potential nuclear energy in uranium is released when a chain-reaction bomb is exploded. Professor Smyth states that if some scheme could be devised for converting to energy as much as a few per cent of the matter of some common material, "civilization would have the means to commit suicide at will." What is implied, I take it, is that if some method could be devised for releasing about 5 per cent of a material such as manganese, the means would be at hand for causing many times the havoc of one plutonium bomb, August 6th, 1945, model. Thus has modern man, by his ingenuity, finally found the means by which he can destroy himself and his neighbors in wholesale lots.

In the newspaper accounts of the flight to Hiroshima and the dramatic moment immediately after the "bombs away," it was stated that one of the plane's occupants remarked, "Let's get the hell out of here!" This being good advice and the pilot being foresighted—they did.

* Presented at the Neuropsychiatric Conference of the Sixth Service Command, Chicago, Illinois, November 16, 1945. The opinions and assertions contained herein are the private ones of the author and are not to be construed as official or as reflecting the news of the navy department or of the naval reserve as a whole.

Now, in the wake of that ominous event, as I mull over its significance, I am convinced that this is the best bit of advice thus far expressed on the subject and that we would all do well if we could follow it. Unlike the men in that plane, however, there is no safe place for us to go, for extensive technological advances in aviation have rendered all parts of the globe vulnerable to attack from the air.

After careful consideration, it becomes apparent that, if we cannot fight against or flee from this weapon, we must try to prevent all armed conflict in which it might be used. In other words, we have to stay and think and work out our problem; that is what psychiatry teaches us to do anyway. Without being unduly lugubrious about it, we realize that atomic warfare would put an awful dent in civilization. If we fail to prevent it, there is grave danger that the meek will have no earth to inherit.

It would be idyllic if atomic energy could be controlled for industrial use, but it seems as if this development is a long way off. For various reasons, it appears that it is much simpler to blow up the world with atomic energy than to move a ship or a locomotive with it. Even when it can be harnessed for industry at some future time, it may still remain a menace, a Damocletian sword hanging over an uneasy world. On this point Einstein has remarked, "Perhaps it is well that it should be [a menace]. It may intimidate the human race into bringing order into its international affairs—which, without pressure or fear, it would not do."

At the present time the heads of several great powers are meeting to discuss the control of atomic energy. Our own legislators, concerned about the problem, have been seeking expert advice about it. For the past month chemists and physicists have been appearing before the Senate subcommittee. Their thesis has been the need for controlling atomic energy. One day for a few hours some social scientists were heard; their topic was the need for controlling ourselves.

Physical scientists one month—social scientists one day. Billions for destruction—little thought for the disciplines that might help us to avoid future wars. To psychiatrists this is a familiar story. It is faintly redolent of millions of dollars spent annually for the custodial care of the men-

tally ill and a pittance for research that might prevent mental illness.

The precipitate arrival of the atomic age will of necessity bring a welter of books, articles, and after-dinner addresses in its wake. Many authors, speakers, teachers, clergymen, and educators will take the opportunity of examining their own particular field of endeavor in the light of the new development and will attempt to forecast its future. This, as you may have suspected, is my intention; and following upon the erection of a little more scaffolding, I should like simply to mention some possibilities for the psychiatry of the future, in an atomic age.

Before developing my thesis further, I cannot help but note certain points of similarity between psychiatrists and the physicists who have pointed up this major problem for us. Heretofore the physicists have always seemed to live in a tight little world. They have seemed to be a group set apart from their colleagues. Like psychiatrists, they talked their own particular type of mumbo jumbo. Unlike the psychiatrists, their science was usually fifty years ahead of its important technological application. The essential unpredictability of the laws of nature made their scientific research a voyage into uncharted seas whose very existence was in doubt.

The essential unpredictability of man and his emotional actions makes ours a similar venture. As another point of similarity, in our college days the chemists used to look at the physicists askance—shall we say, much as surgeons look upon psychiatrists to-day? Suddenly this Cinderella-like science presents to its questioning colleagues an accomplishment that to some already holds promise of a fabulous push-button age, but that to others looms as a Frankenstein monster which had better have been left undiscovered. Psychiatry will hardly present the world with anything so dramatic, but it does have a contribution to make to some of the problems that face our culture.

One of our difficulties in psychiatry has been the tendency at times to operate in a vacuum. We have been able to have our patients adjust and apparently recover in our sanitaria, but frequently they have not been able to hold their

gains in society. This attitude comes to us naturally, for basically we have been physicians charged with the treatment of the mentally ill. The present age points up for us a little more sharply the fact that, in addition to our basic functions, we need to train our sights on the goal of positive mental health.

Positive mental health is as dependent upon inter-personal, as it is upon intra-personal, relationships. In a world in which rapid transportation and communication and new weapons have made nations dependent upon the actions of other nations for their very existence, there will of necessity be an increase in social pressures. There is need, therefore, for a renewed interest on the part of psychiatry in social phenomena—an attention to the development of what might be called social psychiatry. Because of our particular type of training, there are several adjustments that need to be made before we can expand, for we all realize that our tendencies have been to go in the other direction.

There are several major premises upon which our new planning may be based, and the atomic age furnishes us with a good opportunity to discuss them. It is axiomatic in psychiatry that we believe in the efficacy of our influence and treatment in mental and emotional diseases. Our treatment, of course, is predicated upon proper diagnosis of the ailment. Likewise, if we are to be of assistance in the treatment and cure of the ills of the body politic, it is first necessary to believe that they will respond to treatment after a correct diagnosis is made. It follows that a body of data on social psychopathology is required that will enable thinking men to arrive at a social diagnosis and begin to remedy the pathologic conditions.

The frame of reference in psychiatry heretofore established has been valid for individuals and as such is not necessarily applicable to the problems of groups. It is unjustifiable to speak of a people as being "schizoid" or of a nation as being "paranoid." These are the symptoms of individuals. There are no data on record which indicate that we can transfer or translate our concepts of individual psychopathology to group psychopathology and formulate a workable system. Therefore, a whole new framework of

reference and inquiry is required for the background of the social psychiatry of the future.

With Gregg, I believe that in the future "psychiatry will find great extensions of its content and of its obligations. There will be applications far beyond your offices and your hospitals of the further knowledge you will gain, applications not only to patients with functional and organic disease, but to the human relations of normal people—in politics, national and international, between races, between capital and labor, in government, in family life, in education, in every form of human relationship, whether between individuals or between groups. You will be concerned with optimum performance of human beings as civilized creatures."

This task requires the services of more than one group of specialists, for the complexities of modern society make its ills the responsibility of experts from many fields and call for the pooling of their resources. The psychiatry of the present age must ally itself with educational disciplines. Its meetings should be attended by other scientists, such as economists, sociologists, philosophers, and cultural anthropologists. Because of our isolation, we have become inbred and new ideas are looked upon with suspicion. Our meetings are occasions for rehashing old ideas.

We write our books for one another and not for the people who would profit by reading them. A few years ago an excellent book on psychiatry in medical education was written. I have yet to meet one dean or medical educator or member of a curriculum committee who has read the book. In all fairness, I must say that I met one man who had heard of it. Who is at fault? If we are misunderstood, we have ourselves to blame.

> "Men at some time are masters of their fates:
> The fault, dear Brutus, is not in our stars,
> But in ourselves."

It is interesting to note that, having succeeded in releasing atomic energy—the *ne plus ultra* of nuclear physics—the scientists are now discussing the philosophical aspects of the problem and the ethics and morality of atomic bombing. This is encouraging and negates the popular idea of the aloof,

cold, rationalistic scientist, interested only in his calculations and experiments.

It is an unfortunate commentary on the present state of our culture that the two main categories in which we have benefited from advances in science have been the development of creature comforts and of instruments of war. It is much easier to get people interested in a new electrical appliance or an automobile than in social progress and the welfare of their fellow men. This brings up my second point—namely, are we in psychiatry, like our brethren the physicists, not required to pay a little more attention to the morality and ethics of our concepts before releasing them on the world at large?

It seems as if, in our present manner of thinking and experimenting in this century, something has been left out or forgotten. Too little attention has been paid to the essential virtues, to the dignity and worth of man. The same thing has happened to nations that has happened to individuals—loss of mutual trust and loss of a sense of values. For individuals in general, it seems as if it is not the basic truths that count any more. We are off on the periphery and interested in inconsequential things. If it were announced that one of the eternal truths would be discussed to-morrow morning, it would attract but little attention, but if it were announced that a thousand pairs of nylon stockings would go on sale in a certain store, an extra detail of mounted police would have to be brought out.

It is certain that we will have to return again to the principles of first things first and a deep sense of individual responsibility and fundamental honesty before we can make strides toward either individual or international good will. It is these ordinary virtues that moor the individual securely when the gales are blowing. Every psychiatrist knows how difficult it is to treat a person who has no roots and nothing to tie to.

Already the cult of the inane has too great a hold, and there is too much emphasis on the inconsequential and the insipid. The desire for notoriety and the acceptance of the smart-aleck and smooth operator bode our culture no good. These things are the result of false philosophies and the lack

of a proper sense of values. If any of us in psychiatry ask the question: Do these things concern us and are we justified in preaching to our patients? I believe the answer is apparent. We can no more remain the cold, aloof scientists who simply toss off our beliefs with no regard for where they fall than can the physicists, who now recognize their obligations.

My third point is that as we enter a new era it will be wise for us to calibrate the instruments upon which we are going to depend in our operations. Right now the ranks of psychiatry are being swelled by hundreds of young men who have seen the possibilities in our particular specialty. In their military service, they saw the necessity for psychiatric understanding and they now seek fellowships and residencies. It is our pleasure and our duty to see that they are well trained. They, too, must learn that psychiatry cannot operate in a vacuum, but that it is intimately related to the general culture.

I have always believed that the education of men for work in psychiatry is a sacred trust. I hold for a broader education than is being given at the present time. If men knew what has gone on in ages past, it might help them to avoid falling into old errors. They might realize that some of the things that loom up to them as new were tried and found wanting centuries ago. It would be interesting for them to know, in the light of interest in psychosomatic medicine, that John Haslam spoke of the mental causation of bodily symptoms in 1751. It might help them to know that the background of Jung's teachings may be found in Averroes, and that the modern naturalism taught by John Dewey can be found in the teachings of Titus Lucretius. These students and fellows are going to deal with ideas and systems, and the more they understand about backgrounds, the less likely are they to fall into error. Sometimes one man influences the thinking of a discipline and of an age, and it is well to know how he arrived at his concepts.

I am particularly averse to allowing men to enter the field superficially equipped. It does not help our profession or our cause to have young men start out with only the knowledge of a few clinical entities and a mouth full of jawbreaking jargon. I do not believe that the training of the

men should be immediately pointed at passing their American Board examination, but rather at a basic understanding of the whole field on sound premises. They can elaborate later as their training proceeds. It might be wise procedure, when a man does come before an examining board, to have him defend his thesis against his examiners.

There is a fourth point that is requisite for the proper functioning of psychiatry in a new era. It must be admitted that what is euphemistically known as our public relations has been poorly managed. If you need any proof, look at the way the public reacts to the terms "N-P" and "psychoneurosis." Or even much worse, how they react to consultation with a psychiatrist. We must do a better job of it this time for the benefit of the people who are to profit by our ministrations. Some of the psychiatrists who objected to our use of the terms "combat fatigue" and "operational fatigue" thought we should desensitize the public to the terms "N-P" and "psychoneurosis." They had no answer to the question as to why they had not done so in the twenty-five years between wars.

So badly had things been handled that early in the war we developed in psychiatry what has been called aptly a "state-of-siege mentality." It was plain that our colleagues and some of the public were blaming us for the conditions that we were diagnosing. This, of course, is as sensible as blaming the thermometer for the weather or the surgeon for the cancer. Fortunately the excellent work done by the military psychiatrists in selection and treatment has gone far toward dispelling some of the misinformation about psychiatry that had spread about.

We must be careful of our statements that get into print. There is nothing to be gained by making comments on the mental condition of historical or Biblical figures or by analyzing personalities from newspaper clippings. We know that we have something of value to teach and we cannot jeopardize our position by ill-advised interviews.

The last thing I have to say to you concerns our own interpersonal relationships. They are extremely important, and it is necessary to avoid all displays of emotional immaturity. There is a lesson to be learned from the fact that the psy-

chiatrists in the army, the navy, the Public Health Service, and the Veterans Administration have got along extremely well together and been mutually helpful to one another. It is to be hoped that the pleasant, mature relationships developed by psychiatrists in the service will continue into civilian life.

It is apparent to you now that the title of my paper was simply a snare to attract your attention and to give me an opportunity to air my views about the psychiatry of the next decade. When the ideals for which our men have fought prevail, the future will offer all men some dignity and a chance to work out their destiny. I believe that psychiatry has an important part to play in that future. The return of our veterans and the insecurity of an oncoming atomic age render our ministrations doubly important and necessary. It will give us an unparalleled opportunity to be of service to our fellow citizens.

And finally I leave with you these words of Dickens, from *Dombey and Son:*

> "Bright and blest the morning that shall rise on such a night, for men, delayed no more by stumbling-blocks of their own making, which are but specks of dust upon the path between them and eternity, will then apply themselves like creatures of one common origin, owing one duty to the Father of one family and leading to one common end—to make the world a better place."

THE VALUE OF AN ILLUSION*

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IN 1928 Freud published his famous monograph, *The Future of an Illusion.* He defined illusion in a very special way: "We call a belief an illusion when wish-fulfilment is a prominent factor in its motivation, while disregarding its relation to reality, just as the illusion itself does." He goes on to say: "If . . . we turn again to religious doctrines, we may reiterate that they are all illusions, they do not admit of proof, and no one can be compelled to consider them as true or to believe in them . . . . they cannot be proved, neither can they be refuted."

Now I find in my encyclopedia a totally different definition. It is as follows: "An illusion is an erroneous mental construction based upon some real object perceived or remembered." These two definitions are completely incompatible. Freud equates illusion with subjective expectation, wishful thinking, and phantasy. The encyclopedic definition predicates that an illusion belongs to the sphere of the demonstrable or attested, and by such criteria can be proved erroneous. Freud maintains that the illusion belongs to the sphere of the Unknown because it cannot be proved or disproved.

The title of the monograph and its entire content are thus made ambiguous from start to finish. Thus, he gives as an example, "A poor girl may have an illusion that a prince will come and fetch her home." This is simply compensatory phantasy and has nothing to do with illusion except in the specialized sense in which Freud uses the term.

The closing paragraph of Freud's monograph contains but two sentences. The first is, "No. Science is no illusion." Of course science is no illusion, but why trouble to discuss such a supposition? We can only surmise from the tenor of

* Presented at the International Congress of Psychotherapy, Zurich, Switzerland, September 8, 1946.

the whole essay that Freud was concerned to prove that certain pronouncements of his own concerning psychoanalysis were in truth scientific. That is quite a different story.

The second and final sentence of that startling paragraph runs as follows: "But it would be an illusion to suppose that we could get anywhere else what science cannot give us." Do we get nothing from Plato and Aristotle, nothing from Goethe or Milton, nothing from Beethoven or Da Vinci? The more one ponders on these remarkable words, the more one is amazed that they should have emanated from the pen of a rational and sincere thinker. In fact, the more one marvels at the suggestibility of the Freudian world in relation to its founder—a suggestibility that alone could induce the disciples to accept so sweeping a generalization without open protest.

And this imposes on us the necessity of defining science. I submit the following working definition: "Science is the body of ascertained and demonstrable fact. The scientific method begins with hypothesis, goes on to observation and resumption, and ends with demonstration and prediction."

In this way we have three levels of experience in the Known, the Unknown, and the Unknowable. On the first level, science offers us a rigid framework for belief. On the second level, that of the Unknown, science is continually advancing the frontiers and transforming the probable into the possible, the improbable into the impossible. The progress of meteorology during the past fifty years is an example. But scientists of narrow vision are apt to exceed their prerogative and to describe as impossible what is only improbable. What physicist fifty years ago would have regarded as a possibility the sinking of the *Scharnhorst* by gunfire at twelve miles' range in total darkness?

On the third level, science must remain silent. There is no science of æsthetics and there never can be. The element of causality in art defies scientific investigation. As Jung has pointed out, the artistic spirit is creative and autonomous. Ernest Jones, on the other hand, cuts the Gordian knot with these words: "We have no experience, in either the physical or spiritual world, of creation; for what masquerades as such always proves on closer inspection to be only transformation."

In the very practice of medicine, it is surely impossible to eliminate the factor of intuition in observation and in therapeutic resource. A great surgeon and a profound thinker, Wilfred Trotter, wrote: "The affectation of scientific exactitude in circumstances where it has no meaning is perhaps the fallacy to which medicine is now most exposed." Yet Freud maintains that "it is merely an illusion to expect anything from intuition."

These are two directions in which science has nothing to offer us, but the most outstanding example is survival of the personality. Science can give us the anthropological data of man's universal phantasy of an after-life; science can indicate the improbability of such a phenomenon. Of the possibility or impossibility, it can demonstrate nothing. Survival after death is a phantasy that any one can entertain or discard without transgressing the discipline of science.

But Freud's confusion of thought is further promoted by his use of the word "dogma." For my own part, I cannot accept for a moment his definition as contained in the following words: "Dogmas are assertions about facts and conditions of external (or internal) reality which tell one something that one has not one's self discovered, and which claim that one should give them credence." He goes on to give as an example: "Konstanz is on the Bodensee."

Now I cannot believe that a single clear-thinking scientist or philosopher would accept this definition or the accompanying illustration. That Konstanz is on the Bodensee is a demonstrable fact and has nothing to do with dogma. It belongs to the vast body of ascertained knowledge that we are bound to accept by the discipline of science. I submit that a dogma is "the presentation as fact of an undemonstrable belief or phantasy." Thus, it is no dogma, but a historically attested fact that Mahomet fled from Mecca to Medina in July, 622 A.D. On the other hand, it is a dogma that he was Allah's true prophet. The first statement must be believed as objectively established. The second is a subjective opinion that any one may hold or discard, for science and history have nothing to say to it. The first is no dogma, but the second becomes a dogma when it is presented as an established fact for unquestioning acceptance.

Let us be perfectly clear, then. Science establishes a fact—that Konstanz is on the Bodensee. To believe the contrary, is an illusion. But science cannot demonstrate that Konstanz is a beautiful town. Therefore, to believe that Konstanz is an ugly town is no illusion, for æsthetic judgment is free. History attests that Mahomet fled from Mecca to Medina in July, 622 A.D. To reject this fact would be an illusion. The Mahommedan is obliged to believe that Mahomet was Allah's true prophet. This is a dogma, because it implies coercion in subjective judgment. At the same time, no one can call such a judgment an illusion because the content is not susceptible of objective proof or disproof.

In other words, truth and falsity can be established only in the field of the objective, the demonstrable, and the attested. And, therefore, illusion is restricted to these fields. The subjective, the undemonstrable, and the unattested are fields of experience in which science is inapplicable, history inadequate, and belief free. Dogma, seeking to coerce belief, is a usurpation of that freedom. Subjective judgment can brook no interference from science, history, or dogma; and phantasy, within the range of scientific possibility, can reject every form of compulsion.

It is, therefore, a complete confusion of thought to condemn freely held phantasy as an illusion; hence, we cannot admit Freud's thesis that it would be an illusion to suppose that we could get anywhere else what science cannot give us. All that is admissible in this claim of Freud's is (1) that phantasy that trespasses on the limits of the Known is to be condemned, and (2) that in the sphere of the Unknown coercion of belief is reprehensible.

Now, in all his writings, Freud tends to condemn phantasy as necessarily infantile and compensatory, whereas Jung has described it as the "mother of possibilities." That is because he takes cognizance of its inspirational and creative functions. These two opposed attitudes to phantasy must be examined. I submit that the proper criteria of phantasy are threefold: (1) Is it within the framework of the Known? (2) Is it free from dogmatic compulsion? and (3) Does it make for enrichment or for impoverishment of the individual's life? This last is a frankly pragmatic test. (Please

note that I suggest a pragmatic criterion of any belief only in the sphere of the undemonstrable.) This test involves the primary question, Should we strive or can we hope for the total elimination of phantasy in the mature psychic life? Allow me here to give a very simple illustration.

In December, 1941, Anne was nine and her brother Tom was seven. Their parents were in Hongkong and had written that they would be back in England in the spring and have a lovely summer holiday together. Anne hoped it would be at the seaside; Tom hoped it would be in Switzerland, because his father had shown him many photographs of climbing in the Alps. Of necessity each entertained a phantasy; one was likely to be right, the other was bound to be wrong. In point of fact, both were wrong, because their parents were interned, and if the children had known that fact, their respective phantasies would have been inadmissible. But until they knew it, they were entitled to these phantasies, and, furthermore, they were bound to entertain phantasies as long as they anticipated their parents' return. Furthermore, not only were the phantasies necessary, but we may well believe they served a purpose of enrichment. Not only children, but adults, too, are entitled to the stimulus of hopeful anticipation when nothing is known to rule out the possibility. Their lives can thereby be enriched. But everything depends on the effect on behavior produced by the phantasy. Let us see how phantasy can justify itself in human conduct. What, in other words, can be the value of an illusion in Freud's sense?

To-day every thinking man and woman is concerned for human society and many are pessimistic about its future. Everywhere there is unrest; everywhere the old values of Christian civilization are threatened; everywhere there is personal bewilderment and social confusion. Can it be that the present state of affairs is remotely connected with the end of an "illusion"? Can it be that through individually held phantasies there is some hope for the progress of society?

The traveler in the desert thinks that he sees an oasis. He is wrong; it is a mirage. He sees in fact the reflection of an actual oasis. But the direction of the mirage is also the direction of the oasis, and if there were no oasis, there would

be no mirage. The traveler may, of course, say, "It is only a mirage," and his conduct may be uninfluenced. On the other hand, his flagging powers may be stimulated and the direction of his march may be rectified. In such an event, his experience has pragmatic value. On the other hand, the echo belongs to a different class of subjective experience. From it we get a reflection of reality that offers only confusion when we try through it to locate reality.

In some measure, phantasies in the realm of the Unknown can achieve pragmatic sanction. To this end we must reinterpret human phantasies in terms of the social contribution that they promote and of the personal serenity that they generate. Benjamin Jowett wrote, "The worth of a religion to the world is the ethical dividend it pays." If Freud had evaluated the illusion in terms of ethical dividend, he might have discovered that to end it is not so desirable after all.

But what is the ethical dividend most urgently needed by this socially bankrupt human race? What is the most important contribution an individual of any country or nation can make toward the betterment of human relations? I answer without fear of contradiction, The reinstatement of truth.

But truth is of two categories—scientific truth and truth of intercourse. The first has been increasingly pursued and fostered for a century and more. On the other hand, truth in human relations has of recent years notably failed. Yet truth is the precondition of all permanence in human relations. Man can establish no enduring future relations with his fellow men except on a basis of truth. This applies to individuals and to groups, to relations commercial and industrial, domestic and neighborly, tribal and national.

And this involves not only truth and falsity that can be assessed, but degrees and shades of these qualities that elude verification.

It has been said that in war truth is the first casualty. And this is indeed a fact so far as human relations are concerned. But, on the other hand, two world wars have served to stimulate the growth of scientific truth beyond all expectation. We note, therefore, this remarkable paradox in the psychic life of the race—an ever-growing valuation of scientific truth

alongside of a rapid devaluation of truth in intercourse. If I am right in regarding truth as the precondition of stable and peaceful relations among men, then, to cure the world's ills we must seek first the means of revaluing truth throughout the world. In this task we have to recognize that the scientific spirit is of no avail—in other words, that man can progress in scientific truth, while he abandons truth in his human relations. This, I need hardly say, is a generalization that admits of notable exceptions. Would that they were more numerous!

Let us take as a pertinent example the secret radio of the resistance movement in an occupied country. There you have an epitome of modern scientific discovery functioning only so long as the operators can keep the secret, ready to lie on being interrogated, too loyal to tell the truth even under torture.

But the severest war casualties as regards truth are children. They are growing up with a training in lying and theft that bodes ill for their future value as citizens of democratic states. Yet their generation is soon to rule a large part of the world. What a prospect! How can mankind pass through this trough of self-interest, expediency, and falsity? Were not these the primary characteristics of the Nazi state? There the doctrine that the interest of the state transcends personal integrity resulted in a complete devaluation of truth in human relations. "Germanic truth" and "subjective history" were the poisonous fruits of this devaluation.

And this deplorable episode in the history of mankind contradicts emphatically Freud's generalization that "culture has little to fear from the educated or from the brain workers." Truth in intercourse cannot survive on a basis of reason and expediency. And Freud was himself a victim of a régime that had betrayed truth in personal relations.

Is all the brave talk of justice to end in the rule of power? Unless truth can be reinstated in human behavior, the fate of all minorities and underlings must be a forgone conclusion. "Truth is fallen in the street and Equity cannot enter." And history confirms this gloomy outlook, for all the worst persecutions and wars are traceable to a combination of power and unscrupulous standards.

And so we ask ourselves this question: How can mankind

be brought to revalue truth in social relations? And that leads to another question: How can the young be led to love truth? And, more specifically, Is there any form of phantasy that can be promulgated throughout the youth of the world that will make for integrity in the citizens of to-morrow? Or, to put the same question in another form, Is there any means of promoting in children a valuation of integrity above expediency or self-interest?

Man's subjective expectations are largely influenced by fear of penalties and hope of reward. Let us take fear first. Freud argues that man may ultimately become moral on a rational basis. He takes murder as an example and points out that the would-be murderer is likely to be inhibited by the anticipation of inexorable social retribution. But civilized man has long ago discovered that there are always some whose imagination is not gripped by the fear of detection and of consequent penalties. And as for truth, we know that it is impossible to make men honest by the mere fear of consequence. So, while we admit that fear of punishment influences conduct to some extent, we cannot accept it as either universally effective or psychologically desirable.

And the same may be said of hope. Practically all religious systems offer the expectation of reward after death for virtuous living. The Apocalypse is a good example. The section of the Koran dealing with Paradise is on a more anthropomorphic level and altogether grosser in conception. Yet hope offers a stronger appeal to self-interest than fear, or so it would seem. Most of the great movements of history have turned on positive collective hope rather than on negative fear—the Crusades, the Moorish invasion, the French Revolution, the rise of Nazidom, Mussolini's imperialism, Japanese expansion and so on. But in these manifestations of mass suggestibility the promotion of truth was either ignored or subordinated to loyalty, courage, patriotism, self-sacrifice, or other secondary virtues. If these emotions of fear or hope are based on herd suggestion, mass propaganda, or authoritative dogma, as determinants of conduct, they are second-rate.

We are seeking a method whereby the individual may achieve a valuation of truth as the fruit of experience in earlier years and as far as possible independent of hope and

fear. I suggest that symbolism and inspiration are the two keys required.

First symbolism: The child has necessarily to reach an adult attitude through symbolism, objectification, personification, and dramatization. Otherwise he has to build up values in adult years on a purely rational basis. This latter process is so precarious that it should be forestalled. In other words, the child must be first inspired with the love of truth. The coercion of a Loyola is to be avoided because it introduces rewards and penalties that we have already seen to be psychologically undesirable. The symbolism of Greek mythology is often suitable for children. The parables of Jesus are essentially valuable, as objectifying ethical values. And many fairy tales convey moral truth in a form that the child can assimilate.

But best of all methods is personification—hero-worship in some form or other. It may be a parent or a parent substitute, such as a teacher or a youth-leader. It may be based on the father complex, though it need not be so. What matters is the essential inspiration of an adult who, with or without the aid of symbol and drama, infects the child or the adolescent with love of integrity and valuation of sincerity. The war has provided every country with scores of orphaned children for whom Freud's mechanism of the father complex is quite inapplicable. Their need has been for a hero or a heroine capable of generating an identification that involves imitation of behavior and thereby paves the way for personal valuation of ethical standards.

It is strange that Freud, who has elaborated so amply the theme of the transference in the practice of psychoanalysis, should have made so little of the educative possibilities of rapport between the hero adult and the child worshiper. In this relationship, which is becoming all too rare, the child not only imitates the adult and accepts his ethical values, but also seeks identification in the nature of the hero's phantasies, beliefs, and subjective expectations. But this process of infection demands more than most adults are able or willing to give. It is much easier to enjoin and to indoctrinate; it is always easier to teach than to inspire; it is much simpler to generate fear and hope based upon dogma than to infect the young with a love of integrity.

Such inspiration Freud is content to explain away as being based on repressed sexual attachment. Moreover, he attributes to the Œdipus mechanism all religious orientation and ethical aspiration. But does he convince us? Surely not; for do we not all know instances in which men or women, let alone children or adolescents, have been inspired by an address, a poem, a picture, in such a way as to insure an ethical revaluation? Integrity has other roots than sexual attachment, and there is in most of us a robust common sense that confirms that conviction.

But you may ask, "What is there left of religion if the acceptance of a creed and the adherence to a tradition are eliminated?" I reply that inspiration and vision are residual factors of immense importance. Let an individual's creed be what he will, provided the following conditions are fulfilled:

1. It must generate in him the highest degree of inspiration that he is capable of experiencing (*e.g.*, it must not make way for an incompatible romance).
2. It must provide no escape routes from progressive thought and action (*e.g.*, the vocation to celibacy must not be an escape from the challenge to normal sexual adjustment).
3. It must be strictly within the framework of known and demonstrable fact (*e.g.*, it must not assert that the world is flat).
4. It must be first-hand; second-hand belief is permissible only to the young and to the mentally inferior.
5. It must be tolerant of all other creeds that are sincerely held.
6. It must never permit the substitution of repetitive propaganda for creative leadership.

I have referred to the problem of survival of the personality. Let us now turn to the most crucial concept in this discussion—the relation of futurity to social evolution. Science and history teach us how mankind has progressed from Pithecanthropus to his present stage of development. This justifies us in believing that the developmental process is still active, in spite of numerous temporary regressions. And this faith, or impression, implies a belief that the individual is able to make his contribution to an unseen future of

betterment for mankind. Jung writes: "It was of the most profound significance when religion first discovered in the orientation towards the future a redeeming principle for mankind."

Now this orientation emerges from primitive man's narcissistic wish for survival. It has no value for the species until it is reinterpreted in terms of contribution. Only then does it begin to "pay a full dividend." As long as man's interest in the future is confined to personal survival, there can be nothing but an expectation of personal rewards or penalties. We have seen the limited value of these. But when man begins to think in terms of contribution, then he can subliminate his urge to achievement and creation in a redemptive sense, for his narcissism must give way to altruism, when he is content to work for a future he will never see.

It matters not what form the contribution takes so long as he feels the inspiration to contribute and experiences the satisfaction of constructive or creative contribution. There are, of course, countless ways in which an individual can make a contribution to society, and these can be graduated according to their potential effect on the future progress of mankind—the breeding and nurturing of above-average children, teaching the young, literary and æsthetic creation, scientific discovery, and so on. And phantasy is the mother of all such possibilities. Shakespeare has crystallized for us the essential biological origin and the equally essential evolutionary value of procreation:

> "By law of Nature thou art bound to breed
> That thine may live when thou thyself art dead,
> And so, in spite of death, thou dost survive
> In that thy likeness still is left alive."

And Goethe has emphasized the value of an adjustment to infinity: "However much man is attracted to the earth with its thousands and thousands of interests, he still lifts up his eyes with longing to the sky, the vault of which rises above him in immeasurable space, for he feels deep and distinctly within him that he is a citizen of that spiritual realm the belief in which we can neither decline nor abandon."

Over the door of a great psychologists are carved the words: "*Vocatus atque non vocatus deus aderit.*" And even Voltaire knew the limits of rational thinking when he wrote: "*Si Dieu*

n'existait pas, il fallait L'inventer.'' And in this connection I should like to stress the arrogance of the rationalists who accept the concept of a four-dimensional state and yet argue with assurance from a three-dimensional existence.

In short, it is possible to regard man's evolution in the light of a progressive transvaluation, whereby he replaces personal by racial considerations and transitory by eternal values. The phantasy of survival has to justify itself pragmatically, not merely in personal observance of an ethic and in personal adjustment to death, but still more in enhancing the individual's contribution to the future of the race.

SUMMARY

We *cannot accept* Freud's definition of an illusion for two reasons: (1) it turns on motivation; and (2) it exists only in the sphere of the undemonstrable. We, therefore, prefer to speak of subjective expectations, phantasy, and aspirations.

Nor can we accept Freud's definition of dogma according to which all knowledge not *personally* confirmed is to be classed as dogma.

We differ from Freud (1) in his devaluation of all intuitive experiences and (2) in his reduction of religion to dogma and tradition, omitting entirely the inspirational rôle of the purest forms of religion.

We insist that subjective expectation in the realm of the Unknown can be submitted only to a pragmatic test—''the ethical dividend'' that it pays.

We claim that adult acceptance of ethical values should be forestalled in years of immaturity by the use of symbolism; and that this can be effective only through personal identification and not by imposed creed, particularly when that creed is charged with the fear of penalties and the hope of reward.

Therefore, we resist the rationalists who, like Freud, intrude in the sphere of the Unknown, and no less we resist the dogmatists who would impose creeds on an intellectual level without taking into consideration the factor of rapport.

Finally, we claim that the orientation toward the future should be and can be an enrichment of the personality—and that both the rationalists and the dogmatists pay more attention to the individual who is seen and temporal than to the race that is unseen and eternal.

THE SCHOOL AS A MENTAL-HYGIENE FACTOR *

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AS we enter the reconversion period following a long and universal war, it is necessary for us to focus increased attention upon many problems adequate solutions of which are necessary for efficient democracy. High on any rating of significance among these problems are those concerned with mental hygiene. In using this term, we are not limiting its connotations to the problems of the defective or the extreme behavior aberrations of delinquency or psychosis. Rather we are interested in the hygiene of developing mature and stable adults who can and will share the responsibilities of democratic living. We cannot here enter into an extended analysis of what may be involved in democratic living, but we can state as one premise that in a democracy the personal value of the individual is not placed so high that the group receives no consideration, nor, on the other hand, is the group valued to the extent of destroying the individual as such.

One of the major functions in any social organization is to provide the means by which the helpless infants who are its new members may be enabled to grow to adulthood with the skills, knowledge, judgment, personal stability, and other characteristics necessary for the successful continuance of the group. Always the starting point is the complete helplessness and dependence of the human infant. The end product of adulthood varies widely as the group needs vary. Thus Nazi Germany, the aboriginal tribes of Australia, the Roman Empire, and democratic America, each has or had the need for adults with certain characteristics, and the formal and informal training of their children is or was colored by these needs.

* Presented before the School Teachers Association of Niagara Falls, New York, December 17, 1945.

Our interest is, of course, in the citizens of our democratic society. While there has actually been no final, definite, and wholly accepted description of the kind of adult we need, there are certain characteristics the desirability of which is pretty generally agreed upon. Among such desirable traits, the following six would certainly be included:

1. Personal happiness and satisfaction. Desires and needs must be so regulated that aspiration and achievement maintain some reasonable balance.
2. Social competence and maturity. The adult must have some recognition of himself as a part of a social group, and must have the behavior skills necessary for living as a member of the group.
3. Control of emotions and drives. The basic physiological needs of the organism must be inhibited and expressed with a proper balance between personal desire and cultural limitations.
4. Occupational and recreational skills. These must be acquired to the degree necessary for adequate functioning in economic and social adjustments.
5. Stability and constancy of purpose and action, not to the point of stagnation, but sufficient to maintain the individual's status as a member of the group.
6. Adequacy and security. The adult must feel satisfaction both in "who he is" and in "what he is." These are Plant's terms and they refer to the individual's feeling that he is acceptable both as belonging to a group and also because of his special skills and knowledge.

As we consider the influences that operate upon the individual to mold his behavior in its change from infancy to adulthood, three social complexes are immediately recognizable as preëminent. These are the home, the community, and the school. I believe it would generally be agreed that of these the home is the most important. It is here that the family patterns of behavior, the father's and mother's attitudes toward each child and toward each other, the interactions with older or younger brothers and sisters, the security of family affection, all operate during the vitally important years of infancy and early childhood. If the home has done its job of maintaining the proper delicate balance

between security, guidance, and independence, the child entering school at six years of age will probably not be a problem either as an aggressive or as a withdrawn type in the classroom. Unfortunately, we cannot always depend upon the parents' having done an adequate job, but we cannot discuss this problem here.

The community, including the immediate neighborhood as well as the larger group of which it is a part, exerts an influence in at least two major ways. It directly influences the child as soon as he is old enough to go out of doors to play and its impact increases as his field of activity increases. If the community accepts fighting, petty delinquency, vulgar language, and the like, we need not feel surprised when the child begins to exhibit such behavior. The community also affects the child indirectly by its determination of the nature of home characteristics, and by the coloring it gives to the kind of school, clubs, play groups, or church of which the child will be a part. Much can be said on the matter of community influences working through the school, but at present we can only call attention to the fact of community influence in behavior development without attempting to explore the possibilities more elaborately.

Having dismissed all too summarily two of the three major social institutions that affect growth, we may turn to the third, which is our primary concern in this paper. The importance of the school would be great if for no other reason than because of the amount of time the child spends in it. From six to sixteen years, the majority of our children spend from four to six hours a day, five days a week, in the classroom or at least in the school; and through extra-curricular activities and home work, another imposing total of hours in the child's life are controlled or directed by the school. In direct influence the school stands next to the home in the possibility of favorably or unfavorably influencing the child.

Studies in comparative education show that all civilizations—and even so-called uncivilized tribes, for that matter—have had some degree of formal education for their children and youth in order to indoctrinate them in certain tribal customs and ways of group behavior. The growth of public

and private schools in America is a concrete expression of a democracy's ideal of an enlightened citizenry. The school as a social institution exists at the will of the social group, and it must conform to more or less rigid standards imposed directly or through elected or appointed servants of the group. This is true whether we consider a large city public school controlled by professional educational administrators, a small rural school controlled by the town trustee, or a specialized private school operated according to a specific theory that is controlled by its board of trustees.

This point is worth raising and emphasizing because it has real influence on the way in which the school may affect each child's growth. If the community is satisfied with inadequate school plants, with poorly prepared teachers, with exclusive emphasis on the three R's, or with unrealistic so-called democratic procedures, the children will be affected differently than if the community demanded something else and perhaps better. Having introduced the school into the discussion, perhaps we may leave it for awhile and consider the child's needs in growing up so that we may later return to relating the two.

We have mentioned the need for the maintenance in the family of a delicate balance between security, independence, and guidance. These represent the three items necessary for stable personality development. Even for the nursing infant, the mother's loving acceptance means security. With increasing age, the parents and the home should provide a stable and consistent pattern that the child can follow, and they must accept the child for himself and not alone because he possesses physical attractiveness, cute ways, or superior ability. A stable home engenders confidence and adequacy. Conflicts between parents, inconsistency in disciplinary measures or in behavior requirements, emotional rejection even when apparently concealed by overprotection, indicate the kind of insecurity to which the child reacts with confusion, feelings of insecurity and inferiority, and ultimately with behavior of a shy, withdrawn, recluse type; or, in compensation, he becomes aggressive and antisocial in his actions.

Security in the child's life may become so extreme that he is completely engulfed by parental solicitude and atten-

tion. This is obviously undesirable because under such conditions the child remains so dependent upon the parents that he never becomes able to make an adequate independent adjustment to life's problems. Therefore, while offering security, the parents must also provide opportunities for the child to gain in independence. This may be started at early ages by refusing to respond always to demands for attention, by allowing the child to carry on simple tasks alone, and in many other ways.

The third need is evident on those occasions when independence has been allowed to run riot. The street Arab has great independence, but he is very apt not to have entirely acceptable patterns of behavior. To insure that independence does not lead to antisocial behavior, the child must have guidance. The parent's greater experience should be used to help the child learn the common ways of behaving, but it must not be exercised to an extent that prohibits the child's learning by his own mistakes.

Perhaps emphasis on three needs is oversimplification. Yet if parental handling of children would intelligently recognize these three, the behavior and personality problems of children would be reduced in number, kind, and degree. This is not the place to dwell too long on parental problems, but we may summarize by saying that the child needs to feel secure while at the same time he develops emotional independence of parents, but with guidance along the avenues of acceptable behavior.

These three needs of children must also be supplied by the school and its personnel. In the same manner, if in lesser degree, the child must find acceptance for himself in the school; teacher rejection, inconsistent rules and regulations, or playmate criticism may mean insecurity to the child. The teacher, the curriculum, and school policies must encourage independence, while at the same time there must be guidance. Such guidance includes informal direction toward acceptable social behavior as well as the training of formal education in the accumulated knowledge of the culture, which has been so long thought of as the primary function of the school.

The most intimate mental-hygiene functions of the school

are of course mediated through the teacher. She is, on the one hand, "the personification of the school's impersonal authority; on the other, she is a temporary parent surrogate. The good or harm that the teacher may do to each child depends in large measure on how well she can integrate her double function. Too much authority-function and she loses her real opportunity for guiding the child; too much mother-function and she hinders the child's emotional maturing." Each teacher here will recognize in his or her own experience times when one or the other of these rôles is uppermost. The wise teacher, the one who can do most for the pupils, is the one who maintains an even balance between them and lets neither assume a permanent supremacy.

In her rôle as representing the authority function, the teacher is the personification to the child of the school as an institution. The school, supported by the members of the community, has certain obligations in carrying out objectives as established by, or at least accepted by, the group. In basic essence these objectives are to "educate" or train the child in certain fundamentals of social living in that group. These objectives may be limited to development of skills in the three R's, knowledge of commonly accepted subjects, such as history, English, mathematics, science, and a limited amount of vocational skills; or it may include certain recognized desiderata in personality development, social growth, or independence of thought and behavior.

Regardless of the detailed objectives of the school, it will have some rules—there is a curriculum; there are requirements of achievement for promotion; there are behavior regulations in the classroom, halls, or playground—and the enforcement or maintenance of these rules is first the task of the teacher. She may so see the rules that their enforcement is almost an end in itself; in such a case the child and his needs are lost sight of. On the other hand, the regulations may be so minimal or the teacher's consideration of them so negative that the child's social situation within the school is completely unrealistic.

After all, society has its taboos and prohibitions, and for satisfactory social or personal living, the individual must

learn to adapt to them. The boys playing football in the corridors of a frame school building with which I was familiar years ago, who felt certain that no one would interfere with their activities even though these same activities interfered with others, might not find the same kind of acceptance by the policeman when playing ball in the street or throwing rocks in a populated region.

The rules the teacher must enforce should be of a nature to protect the rights of others—in a measure, facsimilies of the rule of community living. On the other hand, they must not be arbitrarily imposed because of the personal whims of the principal, teacher, or school board. While I speak in extremes, I am sure you see the point. The teacher has a responsibility to the school authorities to maintain socially accepted forms of behavior, but these rules and her administration of them must recognize the needs of the children who are growing to maturity. In her authority function, the teacher must not arbitrarily impose, but must interpret and help the child to interpret the need for the authority. In so far as she can share this function with the members of the class by just so much is she increasing her acceptance by the children, and also by just so much is she helping the pupils to achieve that kind of mature behavior which is the *sine qua non* of responsible members of a democratic society.

As to the teacher's parent-surrogate rôle, there are at least two aspects to be explored. The first concerns the children and the second the teacher herself. In any classroom of twenty, thirty, or forty members, the teacher is confronted with twenty, thirty, or forty varieties of human young one. In ability they range from the slow, dull child to the superior or even talented youngster. In personality, there are the assured, confident, stable, normal boys and girls; but also there are those whose security is threatened by rejection or strain in the home, the shy and timid, the aggressive bully, those who lack confidence in themselves and turn constantly to others for help, the conceited and boastful, the leaders and followers, the prim and proper as well as the boorish and vulgar. The teacher has the relationship to all of these—at least during the school hours—of the one adult in a social group, and as such she partakes of all the characters with

which each child endows his parents in the home, the leader in his club, or other adults with whom he may be in regular, if infrequent, contact.

The teacher as a person—quite apart from her authoritarian rôle—must serve the needs of each child if her influence is to help that child's growth in ways that are beyond the mere subject taught. The insecure, the shy, and the timid must find stability, affection, and strength; the aggressive and boastful must be restrained; those lacking confidence must be encouraged; and all the while the elements of the classroom microcosmos must be guided—not forced—into a coöperative social pattern. This is no mean job, and when well done, it is deserving of the highest praise and rewards from the community.

The teacher's rôle requires both that she have an understanding of the child as a growing individual, and, of equal importance, that she be herself the kind of mature individual that we would like to make of the child. Unfortunately, mental hygiene, child development, or similar course work concerned specifically with the child as a growing personality are still not universal requirements in teacher-training institutions. Methods, subject matter, educational theory, history, and psychology fill the catalogue and the students' time. Courses designed to help the student understand the child as an individual and as something other than that-which-is-to-be-taught may be available as electives, but in an unbelievable number of cases they are not offered even in that form.

I would not say that knowing the child should overshadow knowing the subject to be taught, but certainly, in the elementary grades at least, learning to understand the child is more difficult and important than learning or relearning the relatively simple subject matter. And it is in the lower grades that wise teacher handling of the children will pay the greatest returns, just as wise parental handling in the pre-school years starts the child on the first major step in his adjusting to the outside world—that is, to the school—with a personality stability commensurate to his age and experience.

I am not suggesting that the teacher's training should make her a psychiatrist, a psychiatric social worker, or a clinical psychologist. But it should sensitize her to the problems of

child development and help her to recognize in the child's behavior evidence that growth is not going smoothly along the most desirable lines. Even without formal course work, each teacher may, by private study or in joint study with fellow teachers, learn much. Five years' absence from my professional field has prohibited me from keeping abreast of current publications, but I might suggest certain titles published several years ago that will still be of great value to the teacher who desires self-improvement in this field. Among many valuable books, mention should be made of J. J. B. Morgan's *Child Psychology,* Florence Teagarden's *Child Psychology for Professional Workers,* Rivlin's *Educating for Adjustment,* Mary Sayles's *The Problem Child in School,* and the excellent little journal *Understanding the Child,* published by The National Committee for Mental Hygiene. Study of works such as these will help the teacher to understand the principles of personality and behavior growth and will make clearer why children behave as they do, and may also make many minor irritations seem less serious.

No matter how much the teacher may know about childhood and personality, if she, or he, is not mature, stable, and adult, that knowledge can never be effectively used. In just the past few weeks since I have been at Ohio State University, we have seen a child in our psychological clinic who is reported to have started in the first grade with a teacher who exhibited such tantrums that she screamed and beat her head against the wall, much to the amusement, but also to the fear, of the children. Such extremes of personality disturbance are fortunately rare—but when they do occur, tenure regulations should not stand in the way of freeing the children from the burden. Of greater actual importance is the personality of most teachers. How do they measure up to adequate mental-hygiene standards? Without too much introspection, each teacher might find an answer to such a question by appraising himself in respect to factors such as the following:

1. Children must be accepted as they are—poor or rich, bright or dull, healthy or ill, clean or dirty. Whatever they may be, they are all growing humans who must be trained,

must be respected, must be given every opportunity to find profit in the class.

2. Corollary to this is the principle of the equality of the children. Every child should be made to feel that he is an important member of the group. If the teacher does not accept all the children, she will show favoritism toward one and neglect another. In either case, she is—potentially at least—hurting that child and perhaps the others.

3. Freedom from any feelings of being threatened by the children or by colleagues is necessary. An attitude expressed by "He can't get away with defying me!" is really an expression of insecurity on the part of the teacher. When she fears loss of dignity or status from the acts of children, or when she is jealous or suspicious of her teaching colleagues, the teacher has not the assurance of a well-integrated personality.

4. The teacher must have a sense of humor—not specifically wit, but that attitude toward one's self and one's work that puts them in proper relation to the world. To take one's self too seriously is another suggestive indication of insecurity. Unfortunately an attitude lacking in humor is apt to produce behavior in others, including children, that aggravates that sense of insecurity.

5. Tolerance even toward persons whose ideas and behavior we disapprove is also to be desired. Stubborn adherence to personal conventions does not make for classroom tolerance or for acceptance of the child who does not conform. There is much mental-hygiene truth in Paul's First Epistle to the Church at Corinth, especially in the saying, "And now abideth faith, hope, charity, these three; but the greatest of these is charity."

6. The teacher's attitude toward the job will significantly affect her influence on the children. If teaching is a stepping-stone to something else, or if it represents mere economic security, the children will suffer. If the subtle influence of teachers' attitudes is to have the most favorable effects on children, that attitude must be one of vital interest in the task and enthusiasm in meeting the myriad adjustment problems a group of children presents.

7. Necessary to such vitality is a constant effort in the way of professional growth. The teacher, like the minister,

the physician, or any other professional person must constantly work to keep abreast of newer developments in his field. Even if the teacher feels complete mastery of her subject—and to feel that suggests the beginning of stagnation—the ever-changing area of human adjustment affords endless opportunity for improving one's knowledge and practice.

8. The teacher is not only a public employee and a mentor of children. She is a member of the civic community and as such has responsibilities the same as any other citizen. Recognition of and participation in activities concerning these responsibilities indicate a wholesome social maturity which makes its impress on children. The teacher must keep free, however, from any feeling of being compelled to attend every meeting or concert, because her time must be conserved as well as the physician's or the business man's.

9. Personal appearance is another of the factors that have significance in an appraisal of the teacher's personality. Well-fitting, stylish clothes—not extreme, cleanliness, neat hair and hands, all suggest the person in tune with himself and the world. Clothing that is too conservative, especially if it is old-fashioned, or styles that are too extreme, suggest personality characteristics of narrowness and rigidity on the one hand and instability or insecurity on the other. I am not suggesting that hair arrangement or type of coat is an adequate personality diagnostic cue, but both have their value in indicating the personality underlying overt behavior. Clothing, moreover, has its direct effect on the child. The daughter of a friend of mine returned home from her first day in the fifth grade and remarked that she wasn't going to like her new teacher. When asked why, she remarked, "Oh, she is so *dowdy.*"

10. Lastly, we must mention physical health. This is immediately related to personal appearance and has its signficance in the establishment of teachers' attitudes. The actually ill teacher is certainly in no condition to meet the daily demands of a roomful of children. The neurotically ill, the constant complainer, is obviously not the kind of personality who can give children the things that they need from the teacher.

We have spent a great deal of time discussing the teacher. To do so is reasonable because it must be remembered that personality develops only in relation to the interactions between persons. In the school the teacher is the person through whom all of the school's influences reach the child. Fine buildings, spacious rooms, plentiful modern equipment are all highly desirable, but they cannot help the child to grow. Only the classroom teacher can do that. Unless the teachers as individuals and as a group understand their mental-hygiene relationship to the children, there is serious doubt as to the good influence they will have. But we must consider in brief fashion certain common characteristics of school that often make the teacher's job more difficult.

Our schools, which follow a rather consistent pattern for the most part, are a development of approximately two centuries. In their early history and until the last few decades, their function was pretty specific. The three R's and, in the higher grades, a circumscribed classical curriculum were offered to an essentially selected portion of the child population. With a changing social conscience which places greater emphasis upon the state's responsibility for child welfare, there have been legal and actual restriction on child labor and more extensive requirements in the matter of school attendance. This has resulted in enormously increased school populations, which now include a very large proportion of children who, a hundred or even fifty years ago, would have been trained in a vocation under the apprenticeship system.

This increase in school attendance has not been an unmixed blessing. While it has made the lot of many children better, it has also forced into schools many children for whom the school is not adapted. Unfortunately, the extension of compulsory-school attendance has not always been accompanied by adjustments in the school program to make it possible for all children to profit to the fullest extent. Schools of the last century were smaller, the children were in effect selected, and the curriculum was limited and specific. Under such conditions administrative practices were followed that were reasonable when the objective of the school was to produce graduates who would show evidence of rather definite

attainments. Certain of these practices are still a part of the school system, even though they neither operate as efficiently under the new conditions, nor contribute very positively to the mental-hygiene objectives of the school.

One important example of the practices in question is the whole system of examinations, marks, and promotion through grades. This system is not inherently either good or bad. It must be evaluated in terms of the school's objectives and the child's needs. Obviously, if the school is to justify its existence, it must assure itself that its pupils have achieved the knowledge necessary for vocational and social adjustment. But it also must be certain that in the effort to achieve, the child has not developed fears or feelings of inadequacy that will prohibit adjustment just as effectively as lack of achievement.

When school populations were more highly selected and school attendance was less rigidly controlled, it was possible to set absolute criteria. The multiplication tables through the twelves, locating the headwaters and the mouth of the Amazon, translating a specified number of lines of Virgil, the solution of quadratic equations, the chronology of presidents or kings, accurate spelling of designated words, are examples of absolute requirements that could be set and easily measured. If the child could pass, he could be promoted or graduated; if he could not pass, he was dropped by the wayside—the school's responsibility ceased. Such criteria are completely unrealistic to-day because school populations contain numbers of children who cannot hope to learn many such absolute requirements. And to make the requirements simpler denies adequate stimulation to another large proportion of the children.

Perhaps the use of standardized achievement tests by which individual performance is measured against the distribution of performance of children generally, and in which the content has some relation to the average social requirements in that area, is more desirable. It certainly is if the results of the tests are used, not as the final determiner of status in the group—promotions, rewards, honors—but as guides for futher work. Emphasis on examination results and promotion as ends in themselves set false goals for all

students and for many they represent uncrossable hurdles. Such hopeless goals may create serious emotional conflicts between achievement and aspiration. It is better far for the child to strive to improve in respect to his own past performance; only in this way can even small successes be satisfying achievements.

While for the benefit of future employers the school must make available some indication of a child's achievement in terms of the general social demand, it is not necessary that such criteria alone should determine the child's status in school. Perhaps a history card such as has been used in the army and navy would be effective. It would record for post-school use the history of subject achievement, and it would also appraise the improvement over past performance, but at the same time it need not be a vital record to the child as the present-day report card frequently is.

Discussion concerning examinations, marks, and grades has been going on now for many years and we do not pretend to suggestion a solution here. From our mental-hygiene point of view, however, we can say with some reasonableness that if the system interferes with the teachers' efforts to help children develop well-regulated personalities, it should be changed. There must be measures of achievement, but such measures should not operate as imposed goals which have no relation to the child's capabilities, needs, or personal aspirations.

Classroom management is another of the administrative problems that have important mental-hygiene aspects. Each of us can remember the ideals of classroom decorum that made whispering a misdemeanor, talking or movement a crime, and that required a decision on the part of the teacher—who was not really concerned—when a child found it necessary to go to the toilet. There are very probably classrooms like that to-day, but it is to be hoped that they are few.

If we accept as one of the objectives of the school the learning of ways of social living, what better place can be offered than the classroom? Here are a number of children with an adult leader in a group that has a unity imposed by the four walls and by regulations. It is one of the teach-

er's tasks to help this group develop a vital unity involving group ideals, individual coöperation, and interaction, allowing each child freedom to find his contribution to the whole. Such a task cannot be performed if the children are allowed no freedom of action.

This is not to say that I advocate bedlam, but there is a middle way. Some occasion should be made for one child to help another, for group discussion of problems, and for personal evaluation of activities by the child. It is the air of the classroom that is important. Under some conditions, serious quiet may be desirable; under others, an apparent confusion of talk may be indicative of progress being made. The teacher must be a leader, not a dictator, but there may be times when her authority must be exercised. On the other hand, the children should have liberty, not license—no individual child or small group should be dictators. As in almost every other instance, good mental-hygiene practice dictates a middle road. With the children's needs always in mind, the classroom situation must allow freedom for learning social adjustment, but need not and should not let the children run wild.

It would be possible to consider other school practices—such as home work, teaching methods, or subjects taught—from the point of view of their possible significance for personality growth. However, our two examples are sufficient to illustrate the general principles involved. By way of conclusion, we may well summarize the major points discussed.

The school shares with the home and the community at large the responsibility of providing that children shall grow to mature adulthood with stable, integrated personalities and with behavior patterns acceptable in social living. While the school has historically been charged first with teaching the child certain knowledge found necessary or desirable by the culture, it has in later days had to accept its share of responsibility for personality development. Not always have individual schools or school systems succeeded in adjusting their programs to carry out the double objectives, which unhappily may sometimes be in conflict.

As the teacher is the key person in interpreting the school to the child, it is necessary that she consider all procedures in the light of their possible effects on the child. In order to make this work of the teacher more effective and more efficient, administrative practices may need to be modified. The basic principle against which the school should be judged may be formulated in some such way as this: The child must be taught to the maximum of his ability those habits and that knowledge necessary for successful social living, while at the same time every precaution must be taken to preserve his personal integrity and to assure continued growth of his personality.

TOWARD INDUSTRIAL MENTAL HEALTH

AN HISTORICAL REVIEW*

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LIKE family living, work is important for most men. When well chosen and congenial, it gives men some of their most basic satisfactions—much of their sense of personal well-being and of social importance. For this reason, the most important step toward the psychiatrically disabled individual's recovery occurs when he is finally ready to return to work. No patient can be pushed into work before he is ready for it. Improper choice of employment may set the patient back. Failure to get established in a work routine at the appropriate time may prolong the illness. Work can be extremely important, both in treating the ill and in keeping well men well. Industry is coming to recognize that a happy work assignment makes for a better-adjusted and more efficient worker. Nowhere is this more true than in the successful employment of the psychiatrically handicapped or disabled individual, whether he be veteran or civilian.[1] We may note in some detail the emerging orientation of industry and labor toward this fundamental mental-health principle.

World War I brought psychiatrists out of the seclusion of mental institutions and stimulated them to develop techniques for preventive work. As early as 1916, C. C. Burlin-

* An annotated bibliography covering all the references in this article and many others may be obtained from The National Committee for Mental Hygiene at a price of 20¢.

[1] For a full discussion of the work interests of veterans, their proper placement, supervision, and follow-up, with special attention to those who are "nervous," see *Jobs and the Man*, by Luther E. Woodward and Thomas A. C. Rennie. Springfield, Illinois: C. C. Thomas, 1945.

game, in researches for the Cheney Silk Company, drew attention to the fact that "the psychoneuroses and emotional attitudes of the employees toward their employment, their foremen and fellow workers and the machines, were responsible for a greater loss in dollars and cents than accidents and contagion."[1] In 1920 E. E. Southard, Director of the Boston Psychopathic Hospital, secured the backing of the Engineering Foundation of New York City for psychiatric study of personnel problems and found that "sixty-two per cent of more than four thousand cases reached the discharged status through traits of social incompetence, rather than occupational incompetence."[2]

Southard's ideal of the coöperative attack upon these problems of the worker by the use of a clinical team, composed of a psychiatrist, a psychologist, and a psychiatric social worker, was carried through in a four-year demonstration at Macy's Department Store, 1925–29, under the leadership of Dr. V. V. Anderson.[3] Concluding from psychiatric studies of twelve hundred employees that approximately 20 per cent of all employees of organizations are "problem" workers, Dr. Anderson states that employees "succeed or fail according to their personality make-up, and the common causes of work failure are (1) maladjusted personality, (2) specialized job disabilities, and (3) faulty physical conditions."[4] By personnel and job surveys of entire departments and other measures, this mental-hygiene clinic was able to (1) modify the job and departmental conditions that affected the worker unfavorably; (2) develop an individualized personnel program for each worker; (3) discover and adjust, transfer, or lay off "problem" employees; (4) discover employees who qualified for promotion; (5) reor-

[1] See "Psychiatry and Industry," by L. G. Giberson. *The Labor Gazette* (Canada), April, 1938.

[2] See "The Mental Hygiene of Industry: Report of Progress on Work Undertaken Under the Engineering Foundation of New York City," by Mary C. Jarrett. MENTAL HYGIENE, Vol. 4, pp. 867–84, October, 1920.

[3] See "The Contributions of Mental Hygiene to Industry," by V. V. Anderson. *Proceedings of the First International Congress on Mental Hygiene*, Vol. I, pp. 696–723. New York: The International Committee for Mental Hygiene, 1932.

[4] See *Psychiatry in Industry*, by V. V. Anderson. New York: Harper and Brothers, 1929.

ganize employment procedures; (6) improve training; and (7) reëducate the department managers.

The outcome of the demonstration was the store's decision to incorporate the psychiatric and psychological staff into the personnel department, putting the entire employment, placement, and guidance work under its direction, and to carry out complete psychiatric studies of all new as well as of all old employees. While this complete program did not survive the depression years that followed, some features were retained in the personnel department. In retrospect, the outstanding achievement of this demonstration seems to have been the amount of individualized service it was able to give to employees, based on the concept that a healthy mental attitude and a healthy life adaptation are essential to effective production.

A little earlier, in 1922, the Metropolitan Life Insurance Company, which employs several thousand white-collar workers, introduced a psychiatrist into its medical department, and this psychiatric service has continued to the present time. In addition to its therapeutic purpose, it has served as an aid in selecting employees and promotional material. It is described by its present director as follows:[1]

> "At first the psychiatric service concentrated on seeking out and securing treatment for the employees with serious mental ills, but it has gradually become an informal consultation service which all supervisors and employees are encouraged to use. Its principal aim now is to prevent serious maladjustments by recognizing and helping to alleviate minor temporary abnormalities, and, by gaining acceptance of the service as one of value to normal people, to increase the understanding of human relations in the supervisory group and to improve the stability and efficiency of the employees."

Aside from these few researches and demonstrations, nothing of note occurred in the application of mental-hygiene concepts to industry until the Hawthorne Experiments of the Western Electric Company, 1929–33.[2] These studies began as technological tests of working conditions. When the testers came upon certain intangible factors in the tests,

[1] Giberson, *op. cit.*

[2] See *Management and the Worker*, by F. J. Roethlisberger and W. J. Dickson. (Cambridge: Harvard University Press, 1939.) See also *The Human Problems of an Industrial Civilization*, by Elton Mayo. New York: The Macmillan Company, 1933.

they had the courage to apply "a human technique to a human factor," and found the "road back to sanity,"[1] by taking account of the worker's feelings and personality in the test responses. Departing radically from their former techniques, they went to the employee himself for the answers to variations in output and carefully listened to what he had to say about his working conditions and relationships with others.

Through this interview method, the experimenters disclosed a widespread situation among workers that had not been previously revealed—namely, (1) a conflict between loyalty to the company and loyalty to the working group, together with a sense of personal futility; and (2) obsessive thinking, frequently accompanied by excessive demands upon the job. Divided loyalties occurred particularly when the workers feared that a new output standard or other directive from management threatened their wages or their group solidarity, and prompted an informal organization to defeat the purpose of the directive. Whether they admitted "stalling" or not, workers expressed their dislike for a situation that imposed upon them a constraint and a disloyalty. In order to meet this first problem, there was evidence of a need that employees have a share in setting their own work standards and other opportunities for self-expression, and an assurance, through more knowledge of the plans and policies of management, that they were not injuring themselves and other members of their group by conforming with company requests.

The second problem—that of obsessive thinking and excessive demands upon the job—seemed to indicate a problem within the personality of the individual, rather than within his working situation, which prevented satisfactory social relationships and gave rise to chronic pessimistic thoughts. The need in the case of these employees was a different one, since it was concerned not only with their relationships within the social organization of the plant, but also with family and community relationships outside. Its solution depended upon aiding the individual to a better adjustment to family and community and a building up of social ties.

[1] Mayo, *op. cit.*

Since the Hawthorne plant had a reputation for enlightened company policies and fair treatment of its workers, it was evident that the investigation had uncovered a situation that was not individual to this plant, but was general in industry. The investigators, impressed with the relationship between the output of workers and factors in their personal lives and environment, raised two questions that recognized the indivisibility of the employee as a worker and as a person: 1. Is some experience, which might be described as an experience of personal futility, a common incident of industrial organization for work? 2. Does life in a modern industrial city in some unrealized way predispose workers to obsessional responses?

Assuming the answers to be "yes," the Hawthorne Company set about putting its own house in order by improving the channels of communication down the line to the worker and up the line to management, by eliminating sources of irritation, and by giving employees greater freedom to determine their working conditions.

In meeting the second problem—that of obsessive thinking and the personality defects of employees—a type of "non-directed" interview was developed as a form of catharsis. It is based on the principle that it is helpful for a person to be able to talk from time to time on a confidential basis to an understanding listener who expresses no advisory opinions or moral judgments. Thereby it closely resembles the interviewing method of psychiatrists and psychiatric social workers, except that the interviewer avoids giving advice or referring the employee to community resources for additional help.

This "employee counseling" proved so successful that, although suspended for a time during the depression, it was made available to all employees in 1938 and is in use to-day at Hawthorne and some other plants of the Western Electric Company. Full records are kept in code, to make sure that they remain confidential. The technique has been described fully in the reports of the National Research Council [1] and

[1] See *Fatigue of Workers and Its Relation to Industrial Production.* Prepared by the National Research Council, Committee on Work in Industry. New York: Reinhold Publishing Corporation, 1941.

by Miss Grace Wilson, Chief of Personnel Counseling Section of the Baltimore Division of the Western Electric Company.[1]

Social Change During the Depression and World War II.—The economic and social changes that occurred in our country between the time of these three experiments and the present have had the effect of stimulating a new interest in the health and welfare of workers. In a report of employee-counseling services in sixty-one war plants, Miss Helen Baker[2] writes:

> "Industry's reluctance (before the second World War) to undertake mental hygiene services, and its avoidance of a welfare type of personnel work, undoubtedly reflected the community's attitude toward welfare work and mental ill health, as well as the employee's resentment of paternalism. Social service was associated with charity or attempts to inform or control the individual, and mental ill health was something to be hidden. It was certainly not to be discussed with one's employer. The fundamental changes in the approach of social case-workers and other counselors in human relations, with new emphasis on helping the individual to help himself, could not immediately dissolve this deep-rooted aversion to 'meddling in other persons' lives.'"

Lydia Giberson portrays the industrial worker's problem in a war-time survey of industrial psychiatry as follows:[3]

> "Due to complete absorption with the physical and mechanical problems incident to its mushroom growth, industry has tended to neglect the individual's hunger for personal significance and dignity. The industrial worker is faced with this paradox: outside the factory gate he is a fully rounded being, who is expected to like children, vote intelligently, understand our nation's foreign policy, and make every great problem his own; inside the factory gate he is too often expected to employ only a fraction of himself, to become an impersonal unit, hard and selfless, working through his best years with another man's tools on a product which will not bear his name and whose function he rarely comprehends, looking forward to the pay envelope with which he, too, can buy what he wants in a market where 'labor is just another commodity.' This economic and engineering conception of a worker as a modified handle to a machine dies hard; only the statistical proof of a greater efficiency and greater savings because of a more human industrial attitude has become effective in combating it."

The statistical proof has been provided in the avalanche of researches, analyses, and documented programs directed

[1] See *Counseling in Industry*, by Grace Wilson, a paper presented at the 1944 meeting of the National Conference of Social Work.

[2] See *Employee Counseling, a Survey of a New Development in Personnel Relations*, by Helen Baker. Princeton University, Industrial Relations Section, Department of Economics and Social Institutions, 1944.

[3] See "Industrial Psychiatry, a Wartime Survey," by L. G. Giberson. *The Medical Clinics of North America*, Vol. 26, pp. 1085–1103, July, 1942.

to an understanding and betterment of the lot of "one-third of the nation" during the lean years of our economic depression and the boom ones of a defense and then a war-time economy. These researches, analyses, and programs have had various forms and have been carried out on a nation-wide scale by many different agencies, including industry itself, medicine, government, and a large number of private sources. They have included such diverse activities as the relief and work programs of the E.R.A., the W.P.A., the N.Y.A., and the C.C.C.; federal housing and labor placement; recognition of collective bargaining; personnel management and industrial medicine; social and economic surveys of whole communities, of delinquency areas, of migration, of racial minorities, of class alignments, of medical facilities, of unemployment; studies and programs of nutrition and of industrial public health; guidance clinics, group medicine, psychiatric social work; subsidized trainee programs for war workers; and military measures and analyses of industrial production and morale protection. Thus two circumstances of economic depression and boom have furnished the motive power for social change in industry. From both sources have come the same aims—namely, the conservation of man power, the rehabilitation of national labor, the dynamic activation of the apprentice system, the testing and use of industrial capacities, and a direct concern with the mental and emotional health of industrial workers and their families.[1]

Effects of Social and Personal Constraints Upon Workers and Their Production.—The Hawthorne researches had disclosed wide dissatisfaction among industrial workers and suggested that the constraints of which they complained interfered with their performance as socialized human beings. From these and other studies it appears that industry has falsely assumed that the worker is motivated by material interests primarily, and that society consists of individuals related to each other by formal authority only. In reality social and psychological factors in the work situation are as important to the employee as economic consid-

[1] See "Mental Hygiene and Industry—in an Ailing World," by A. V. Nasatir. (*Industrial Medicine*, Vol. 9, pp. 583–88, December, 1940.) See also Giberson, "Industrial Psychiatry, a Wartime Survey," *loc. cit.*

erations, and good social relationships during working hours are essential to good morale and high production.[1] Many procedures in industry do violence to the psychological and social nature of human beings.

Roethlisberger[2] points out that primitive societies give chief consideration to social organization and solidarity by their rites and ceremonials, hunting and fishing expeditions and other economic enterprises being largely incidental to these festivals. We have gone to the opposite extreme, losing sight of social values in industrial production and distribution, with the result that work has lost its meaningfulness and satisfaction in human relations. Roethlisberger emphasizes this point in the following way: Whenever a person is acting in accordance with the expectations and sentiments of another person or a group of persons, his behavior is "social." Each employee has a social place as well as a physical place in a factory. Any technical change on the part of management may affect this social place, and the fear of social dislocation is a threat to the security of the individual because it disturbs his bases for meaningful human association in work. Yet workers are at the most vulnerable point in an organization, being constantly subject to change that they do not initiate. Change not only is demanded by supervisors and staff officers, but is inherent in the technical nature of their job, which requires readjustments from them because of mechanical breakdown, variations in the flow of materials, the changing volume of output, changes in routine dependent upon differences of products manufactured, and many other factors. When change is too frequent, they resist it, even though it may offer economic advantages, for it upsets the security of their social organization.

Studies in such varied fields as learning, fatigue, morale, and dangerous occupations continue to stress the effects of social and personal constraints upon workers and their production. T. North Whitehead, by an analysis of trends of

[1] See *Fatigue of Workers and Its Relation to Industrial Production*, previously cited.

[2] See *Management and Morale*, by F. J. Roethlisberger. Cambridge: Harvard University Press, 1941.

output, has reached some illuminating findings on the importance of the worker's mental and emotional equilibrium.[1]

In effect he says that learning and skill are not capacities that are achieved once and for all time by a given individual. On the contrary, the individual's skill is re-achieved each day, and consequently depends in some degree upon the external conditions of that day and the individual's inner equilibrium. In a group, the determination of muscular movement is partly socially and partly individually conditioned. The gross muscular movements seem to be determined by one's neighbors after some years of association. The manipulative movements appear to be more individual. This has an effect both on output and on accidents, because both are products of the relation between the speed and the dexterity of gross muscular and of manipulative movement.

In a report on the fatigue of workers,[2] the National Research Council shows that fatigue is a reaction of the total individual to his work situation, and cannot be measured by physical circumstances alone, since it may have a large psychological component, resulting from personal dissatisfaction or irritation.

Elton Mayo, in his report of an experiment in a textile mill,[3] found that physical fatigue plus a monotonous job was conducive to pessimistic reverie and poor production. He identifies the pessimistic reverie with a hypnoid state, regarded by Janet and Freud as the basic element in hysteria, and believes that not the monotony of the work itself, but this abnormal state of mind, is the reason for breakdowns in monotonous occupations, and the most fertile cause of industrial unrest.

Lydia Giberson[4] points out that an employee's value to his organization is in direct relationship to the calm adjustment of his day-to-day existence; and Elliott Chapple[5]

[1] See *The Industrial Worker*, by T. North Whitehead. Cambridge: Harvard University Press, 1938.

[2] See *Fatigue of Workers and Its Relation to Industrial Production*, previously cited.

[3] See "Reverie and Industrial Fatigue," by Elton Mayo. *Journal of Personnel Research*, Vol. 3, pp. 273–81, December, 1924.

[4] See her "Psychiatry and Industry," *loc. cit.*

[5] See "The Analysis of Industrial Morale," by Elliott D. Chapple. *Journal of Industrial Hygiene and Toxicology*, Vol. 24, pp. 165–71, September, 1942.

explains that emotional equilibrium rests upon a physiological basis. When demands for change are too frequent, the body reaches the limit of its capacity to react, which in turn disturbs the mental equilibrium and causes emotions of fear and rage. This emotional disturbance is transferred to other individuals and departments, so that such disturbances have a cumulative effect. Good morale in industry, therefore, is dependent on (1) providing an organization in which individuals can carry out technical routines and make the necessary adjustments without disturbance to their autonomic nervous systems; and (2) providing a compensating method whereby, if they are thrown out of balance, the disturbance may not be transferred further, but the disturbing situation can be given attention.

Chapple believes that the union could function as a compensatory device of this sort by supplying workers with the means of presenting their grievances to union officers, who could call the sources of disturbance to the attention of management. The difficulty in the way of union effectiveness as a compensating mechanism is that many managements are unwilling to make an analysis of their organization to see if the disturbance complained of exists and can be remedied. When union leaders lose their leadership by not keeping the compensatory channels of communication operating, "outlaw" strikes may occur. The worker-and-management "committee" has been tried as a compensatory technique, but it usually serves as an aid to management, rather than as a place where grievances can go "up the line of authority to be acted upon as a regular part of organizational structure."

In addition to in-plant disturbances, the worker is affected by disturbances in his life outside. The Hawthorne tests showed that output markedly decreased in the case of individuals whose home environment was in an unstable state. Changes in the equilibrium of whole groups of families occur as the result of nation-wide forces, such as an increase in the cost of living. If economic forces damage the family equilibrium to the extent that the equilibrium of the factory worker is disturbed, low industrial morale is then related to increase in living costs, but wage demands are not necessarily

the basic demands in any given strike; very often they are mere rationalizations in economic terms of basic unrest.

Social Unhealth and Psychosomatic Disorders.—In his report of an investigation of incapacitating disorders in underground miners in Scotland,[1] James Halliday states that a great increase of psychoneuroses and of diseases in the psychosomatic category are noted in studies occurring between World War I and II, and are attributed both to technological changes in conditions of mining and to a generally lower social morale. Since our own country experienced these same factors of changes in industrial techniques and economic depression, his deductions are of value here.

He says, in effect, that to the usual precipitating causes of breakdown, such as difficulties in personal relationships and economic and financial difficulties, were added circumstances in the working situation that gave rise to a state of chronic emotional tension. In 1916 the miners hewed the coal by hand and could hear the cracking of strata that warned of danger. By 1936, through the introduction of machinery, the miner was reduced to a mere shoveler of coal, working in "positions and attitudes which must be seen to be believed," had to cut his lunch hour to fifteen minutes, and could no longer hear the approaching danger of cave-ins because of the "terrific" noise of the machinery. As a result, miners took no more pleasure in their work and would stop work at any opportunity to avoid having to go down into the pit. Their chief complaint was that of being driven to keep up with the machinery, and not one mentioned the question of wages. Dreams revealed a great deal of fear of the mining environment.

Halliday attributes lowered social morale to mass unemployment during the depression period, to monetary rates of relief which removed the stimulus for work, and to lack of hope for the future. Comparing this lowered morale and the 33 per cent increase of psychosomatic disorders among miners with the statistics of the general population during the period between the wars, he finds that an increase in these disorders and lowered morale is characteristic of the

[1] "Dangerous Occupations; Psychosomatic Illness; and Morale," by James L. Halliday. *Psychosomatic Medicine*, Vol. 5, pp. 57–84, January, 1943.

population as a whole, not only in Scotland, but in Great Britain and in other Western countries, and the statistics of the miners only reflect a general situation. For England and Wales, the rate of sickness rose by nearly 50 per cent and that of chronic disablement by nearly 80 per cent.

This is contrary to the belief that public health is improving in Britain, but Halliday's indices were based upon what might be called social-health data—namely, the rising incidence of psychosomatic disorders, the rising suicide rate, and the falling birth rate, whereas indices have generally been based on the falling death rate, increased height and weight of school children, and the absence of major epidemics, which would indicate an opposite trend.

This condition is thus seen to have been particularly intense among miners because their environment made them especially susceptible to the impact of intercurrent events. Halliday sees a correlation between the increasing unemployment, the deterioration of social health, and frustrated self-realization, and finds that these cause a loss of goal in life which is reflected in a lack of body cleanliness and hygienic habits. This "losing heart" or "social unhealth" reached its peak and then declined during World War II with the finding of vigorous national leadership and a renewed sense of elementary values, and with improvement of social and economic conditions through increased employment, stabilization of wages, and general rationing.

Writing of the "social unhealth" in our own country during the same period, A. V. Nasatir [1] lists the factors in the life of the industrial worker that contribute to a pathological state of mind. They are (1) unemployment and wage insecurity, with the related insecurities of poor nutrition, clothing, and housing; and (2) monotony, and the necessity of accepting unsuitable work, culminating in restricted personal development.

Pressure of War-Engendered Problems.—Special problems relating to the war have further increased our awareness of the relationship of workers' health and happiness to their production. One set of war-engendered problems springs from the increased use of women, older persons, and very

[1] *Op. cit.*

young workers, and from the lowering of standards of physical and mental fitness. Another group of problems is inherent in the inadequate facilities of many war-time communities for housing, feeding, and transporting workers and for providing them with medical care, recreation, and other necessities of normal living. Mention must be made also of the mushroom growth of numerous factories and plants which precluded proper attention to the health and comfort of employees and to their instruction and oversight on the job.[1]

Two psychiatrists who have served as consultants to industries in war-boom communities have described conditions as follows:

> "Social problems in industrial towns have increased enormously and workers in factories reflect these outside problems as well as those they meet in their work every day. There has been a tremendous influx and shift of population. The housing shortage is fantastic. Some people are working in factories whom employers would not have considered hiring in normal times. This includes men of dubious character and poor judgment, married women who are worried over their children, old people who thought they had retired, and all ages of people with defects in health and intellect. This motley crowd with its personal problems is streaming through factory gates at all hours of the day and trying to sleep and relax and live its life by day or by night in noisy, dirty, inadequate, and trouble-filled surroundings."[2]
>
> "The strain of living under war-time conditions can cause those workers who are managing precariously with some medical help to break down seriously, and 'normal people to develop neurotic and psychosomatic illnesses which require psychotherapy.'"[3]

In the early part of the war before industry had been drained of so many of its regular workers, two factors served to counteract the discomforts of war-time living and to stabilize the individual. They were the assurance of a good job with good pay ahead for several months—perhaps years—and the conviction that the individual was needed to help win the war. Fewer breakdowns of psychoneurotic nature and fewer claims for compensation in accidents were noted

[1] See "War Engendered Psychiatric Problems," by George N. Thompson. *Industrial Medicine*, Vol. 13, pp. 686–89, September, 1944.

[2] See "Industrial Psychiatry in Wartime," by Margaret C.-L. Gildea. *American Journal of Orthopsychiatry*, Vol. 13, pp. 141–46, January, 1943.

[3] Thompson, *op. cit.*

in this period than in the 30's.[1] However, with the loss of many regular workers to the armed forces and the acceptance of more than the average number of "problem workers," these stabilizing factors no longer counterbalanced those contributing to instability.

From the foregoing studies and observations, it became very clear that under social and industrial pressure the individual is malleable to a point, but that there is an internal driving power that needs fulfillment and, above all, self-respecting use.[2] Prolonged dissatisfaction and maladjustment turn that power into channels of escape that lead to social incompetence and to physical and mental ill health. The needs of workers as persons and their health and happiness have thus become major concerns in industry.

Implementation of this interest has taken various forms. One common method has been to extend the function of personnel management and add new staff to that department to which has usually been assigned the proper selection of employees and welfare and personal services. Until recently the influence of technological methods mentioned earlier seems to have had the effect of limiting the services of personnel departments pretty much to testing procedures for the selection of employees. Within the last two years, however, the need of developing some means of helping new employees—especially women—to adjust as quickly as possible to industrial employment has led to the introduction of employee counselors to explore, through interviews with employees, the difficulties in their personal experiences that interfere with performance on the job, with a view to helping them to surmount or remove these obstacles.[3] Though the term "employee counseling" was first applied to the interviewing service at Hawthorne, which was designed primarily for the benefit of employees, in so far as they care to use

[1] See "Mental Hygiene and the Industrial Physician," by A. L. Brooks. MENTAL HYGIENE, Vol. 28, pp. 37–40, January, 1944.

[2] See Giberson, "Industrial Psychiatry, a Wartime Survey," *loc. cit.*

[3] See "Social Work on the Industrial Frontier," by Mary Van Kleeck. *The Compass*, Vol. 26, pp. 3–7, November, 1944.

it, rather than for the use of management,[1] it has not generally followed this model elsewhere.

Miss Helen Baker,[2] in a survey of employee counseling in sixty-one companies and government agencies, describes its growth and form in February, 1944, as follows:

> "Companies which employed women on production lines for the first time were particularly conscious of the inadequacies of long-standing personnel practices and of weaknesses among the supervisory force. Management, including supervisors, the personnel staff, and chief executives, was often at a loss to know how to handle 'the women,' and looked almost frantically for some women with personnel experience or just with 'good common sense' to act as a kind of buffer between this new and uncertain element in the employed group and the old-time supervisor.
>
> "While most managements knew why they needed a woman to help the line supervisors, they were in many cases not clear as to just what her job should be. Some companies, rejecting the idea of training women for direct supervisory jobs, nevertheless expected an untrained woman without previous industrial experience to take over many of the foreman's personnel responsibilities, and to advise management on changes in policy. Relationships and responsibilities were infrequently defined, and procedures were developed on a hit-or-miss basis. The great variety of titles of women employed to assist management in its adjustment to women employees and to help women employees to adjust to their work shows the lack of any considerable degree of uniformity in management planning in this respect. The persons made responsible for the adjustment of women employees ranged from the director of personnel for the entire company to a matron of one department in which women were first employed. Other titles included assistant personnel director, women's supervisor, women's adviser, personnel adviser or counselor, and employee counselor.
>
> "In a few companies, advisory and informational services and other specific personal services were set up to aid male employees before many women were employed. These services included such matters as transportation, gas rationing, housing, recreation, handling complaints of errors in payment of wages, and miscellaneous grievances. As women assistants were employed to work in a somewhat similar capacity with women workers, the two separately established jobs in employee relations tended to be coördinated, to be somewhat more clearly defined as to organizational relationships and functions, and more frequently to be grouped under an announced company-wide program of *employee counseling*.
>
> "The still extremely varied and not infrequently confused aims and procedures in counseling in war industries is easily understood in the light of the limited experience with such arrangements. Comparatively few of the organizations with definite counseling systems have had as

[1] See *Fatigue of Workers and Its Relation to Industrial Production*, previously cited.

[2] *Op. cit.*

much as a year's experience in this field. But in that time, alert executives have been able to observe outstanding weaknesses and strengths of their programs, and have made fundamental changes in the type of personnel employed as counselors, in procedures, and in the scope of the service. While some of the companies inaugurating counseling in the summer of 1943 seem to have evolved plans without much reference to the experience of other companies, others have sought all available information and their new arrangements reflect the improvements made in earlier established programs. The increase in the number of counselors with previous experience in personnel work or non-industrial counseling seems also to have been an important influence towards more clearly defined aims and more carefully determined procedures."

The Use of Industrial Psychiatrists.—The introduction of psychiatrists into the medical departments of business and industrial organizations, or the utilization of their services on a consultant basis to help solve problems of management, has been increasing. Social psychiatrists are welcoming this opportunity to work with industry. One psychiatrist writes:

"Personnel departments which were stretched to capacity by the normal load have been desperately pressed by war burdens. Executives as well as personnel men have cast about for help with the many human problems confronting them every day. One of the potential sources of help which has recently been tapped anew is the medical profession, and in some communities doctors are having an unprecedented opportunity to talk with executives, go through plants and note the focal points of trouble with employees. A factory is itself a complex social organization, and the psychiatrist can be as justifiably absorbed in trying to solve the problems, both social and personal, of the factory society as those of any community."[1]

The literature contains a good deal of information by these industrial psychiatrists concerning their functions and objectives. Generally speaking, psychiatrists employed in an organization regard their function as one of over-all planning, education, and consultation. As a rule, lack of time limits contact with individual employees to the diagnosis and disposition of mentally ill or severely maladjusted. Employees who need long treatment must be referred to community psychiatrists.

L. E. Himler states[2] that the psychiatrist should have a sphere of influence in the plant similar to that of the indus-

[1] See Gildea, *op. cit.*

[2] In a paper, *Psychiatric Rehabilitation in Industry,* read at the annual meeting of the Association for Research in Nervous and Mental Disease, December, 1944.

trial executive. He should give training courses of the symposium type in human relations. These courses should avoid academic language and be well illustrated with cases. It is his responsibility to train the personnel who will in turn train supervisors and others.

Similarly, Macfie Campbell believed that the psychiatrist can help the individual by serving as adviser to those who are in a position to mold the industrial and social organization of society.[1]

Temple Burling uses the analogy of the child-guidance clinic which guides parents in the handling of their children, and says that the psychiatrist can work with the supervisor more effectively than with the employee who has become a problem. More important, however, is the emotional orientation that he can give the business man by teaching him to understand the urges behind behavior and the principles of handling people.[2]

Lydia Giberson sees her office as an "emotional clearing-house" in which the fear-harassed and emotionally upset employee may go to tell his "tale of woe" without fear or prejudice to his job, and where the psychiatrist can "weed out the honest medical case from the employee who only wants coddling."[3] Her aim is to detect and forestall serious mental and emotional maladjustments. However, she sees this sorting being done by the industrial physician in the future, after the psychiatrist has been able to establish a preventive mental-hygiene program on a mass scale.[4]

Margaret Gildea, speaking for the community psychiatrist whom industry makes use of, probably on a part-time basis, states that the psychiatrist should be prepared to offer and help set up an enlightened personnel program. She sees the first concern of the industrial psychiatrist to be the morale

[1] See "The Psychiatrist and Industrial Organization," by Charlie Macfie Campbell. *American Journal of Psychiatry*, Vol. 100, pp. 286–87, September, 1943.

[2] See "The Rôle of the Professionally Trained Mental Hygienist in Business," by Temple Burling. *American Journal of Orthopsychiatry*, Vol. 11, pp. 48–55, January, 1941.

[3] See "Pitfalls in Industry for the Psychiatrist," by L. G. Giberson. *Medical Worker's Journal*, Vol. 47, pp. 144–46, May, 1940.

[4] See "The Technique of Listening to the Worried Employee," by L. G. Giberson. *Industrial Medicine*, Vol. 9, pp. 414–17, August, 1940.

of the organization, which is an extremely complex phenomenon. "If difficulty with labor organizations is to be avoided, the company itself must be certain that it offers its workers a fair and understanding management and the will and facilities to correct injustices and give a feeling of personal satisfaction to each worker. This encompasses the total understanding of social welfare, and should be the special business of a highly-trained person who is placed in a position comparable to assistant to the president or vice-president in charge of personnel."[1]

Employment of Social Psychologists and Sociologists.—In some firms social psychologists and sociologists have been employed as consultants to management. The sociological approach has been along the lines laid down at Hawthorne. Social psychologists and sociologists have set about developing better channels of communication between workers and management, strengthening the social organization of workers and reassuring the individual as to his importance and value in the industrial scheme. They reiterate the latter's need for self-esteem, security, social place, and understanding leadership. Their terminology differs from the psychiatrist's, but they utilize the techniques of the interview and of social observation to arrive at the same goals as the psychiatrist. A few studies may be reported to illustrate their procedures and plans.

Meltzer[2] gives an account of a project that he carried out in a paper company to get six "key people" to share their knowledge of their departments with one another for the efficiency of the plant as a whole, and to establish machinery for continuing this new pattern of behavior in the form of monthly meetings. The writer describes the personality defects and the misapprehensions of these six key people that had developed under an "authoritarian" system, and that he was able to uncover by means of intensive (sometimes all-day) interviews with them. By presenting the meaning and purpose of the interviews at the outset, he was able to help them to talk spontaneously with him and finally with the president and with one another.

[1] Gildea, *op. cit.*

[2] "Explorations in Humanizing Relations of Key People in Industry," by H. Meltzer. *American Journal of Psychiatry*, Vol. 12, pp. 517–28, July, 1942.

He concludes that better transmission of information between departments and individuals is necessary, but that unless supervisors are assured of security and relieved of anxiety they will hold onto their bargaining power by secretiveness, and any system of transmitting information that the company provides will fail of its purpose.

Hearnshaw[1] analyzes the basis of good relations and successful management in a New Zealand chemical plant. His analysis is reported here because it seems relevant to our situation. He attributes the successful operation of the plant during a period of stress to the high morale of the workers, arising from the social understanding displayed by management. There was excellent communication of the plans and policies of the company and the workers' reactions, feelings, and ideas about them through the two-way-functioning works committee. The general manager was always accessible, and men were treated as "adult, free, intelligent human beings." The writer believes that companies overestimate the need of secrecy in peace time and calls attention to the unusual success before the war of the Bata Shoe Factory in Czechoslovakia, which followed a policy of fully informing its workers about the plans and objectives of management. This company believed that employment coöperation could not be won unless every worker knew the policies and program of the company. This system of autonomous workshops involved divulging nearly all the firm's secrets.

Roethlisberger has been a spokesman for the group of social experts who carried out the Hawthorne researches and followed them with additional studies. The contribution of this group to mental hygiene has won the praise of psychiatrists who recommend their findings as required reading for personnel managers and for members of their own profession who are employed by industries.[2]

Roethlisberger's main concepts in his book on morale in industry[3] are here summarized. Morale is the state of social

[1] "Industrial Relations in a New Zealand Factory," by L. S. Hearnshaw. *Occupational Psychology* (London), Vol. 18, January, 1944.

[2] See Campbell, *op. cit.* See also "A Psychiatrist Looks at Industrial Truancy," by Lowell S. Selling. *Industrial Medicine*, Vol. 12, pp. 189–201, April, 1943.

[3] *Management and Morale*, previously cited.

equilibrium of workers whereby they work coöperatively with one another and can communicate the nature of any disturbances of their equilibrium to the management. Since the Hawthorne experiments, a new conception of leadership has been developing which requires managers and supervisors to listen to the sentiments of employees and become acquainted with the social structure of their company and the community in which it is located.

Adequate personnel management would seek to know (1) what the individual is bringing to the work situation; (2) what the work situation is demanding of the individual; and (3) what is the resulting equilibrium. To achieve a satisfactory equilibrium, the individual may need to be helped (1) by modifying his demands so that they can be better realized in the present job; (2) by changing the situation so as to allow for the fulfillment of the normal demands; or (3) by both measures.

By means of the interview and the method of social observation, it is possible to learn what is important to people—their hopes and fears; what is interfering with their work; what may be the sources of their dissatisfaction and difficulties; to what group they belong, the extent and nature of their participation, their position in informal groups; and the effects that technical changes, management logic, and methods of supervision may have on these factors. Thus, a diagnosis of the concrete situation can be made and something done about it here and now to improve coöperation.

In an interview, it is the situation and not the words only that we must understand. While listening, the interviewer must be asking three questions of himself:

> 1. Am I listening to a person who is well related to the work group, and who, therefore, is expressing the sentiments of the social system to which he belongs, or am I listening to some one who is, in practically everything he says, expressing his lack of relationship or defective relationship?
>
> 2. Am I listening to the obsessive thinking of a person who has never achieved in all his experience an effective or intimate relationship with his contemporaries?

3. Am I listening to a person whose lack of orientation to his surroundings is not so much due to early social conditioning as to his inability to adjust readily and without assistance to changes in his present environment? Has he lost his way because his customary routines were altered too rapidly by demotion, promotion, transfer, or technical changes in his work?

Roethlisberger also points out that the usual organization in industry lacks a person whose responsibility it is to provide management with an accurate picture of behavior at the work level. He presents a new concept of leadership on the part of the administrator or executive—namely, a person who preserves the morale of a plant through his function of maintaining an equilibrium that protects the social values of coöperative work.

Another interesting experiment that ties in with this type of social leadership involves an apprenticeship for leaders within the organization.[1] Supervisors and foremen who have unusual qualities of understanding and capacity to work with others become the teaching staff in such a work program. Consultants are available from personnel management to talk over and advise about matters that the trainee may wish to discuss. Such programs must usually be started with the assistance of outside experts who take over the training of foremen, supervisors, and managers especially selected for the qualities mentioned above. When these men and women have become sure of their techniques, and a well-developed body of study material has been built up, they become the teachers in the in-plant program.

The subject matter of the program is concerned primarily with the chief issues discovered in the Hawthorne experiments—namely, the establishing of completely free lines of communication from top to bottom and from group to group within the total organization, and recognition of the social status and capacities of the individual by correct placement and promotion. In some cases these leaders who have been trained will function as management men and women; in

[1] See "The Selection and Training of Leaders as a Factor in Industrial Mental Health," by Roy F. Street. MENTAL HYGIENE, Vol. 28, pp. 41–48, January, 1944.

some cases they will have a non-administrative position like the interviewers at Hawthorne; since the studies there indicated that the plan can be worked out to cut across any type of program with equally good results.

Employment of Social Workers.—Some medical and psychiatric social workers have gone into the medical departments of plants as "skilled assistants"[1] to psychiatrists in industrial positions for the purpose of taking social histories and working with employees who need some help. Probably a larger number have found a place for themselves in personnel departments. Some of these are on administrative staffs and others are serving in a non-administrative counseling rôle. Increasing emphasis upon knowing the personality of the worker has brought them into personnel departments as placement interviewers where there appears to be a dearth of industrial psychologists with the required social understanding.

Both Burling[2] and Gildea[3] recommend social workers for personnel jobs because the fundamental techniques of interviewing that are common to the psychiatrist and the psychiatric social worker are pretty directly applicable to the employment interview. Burling says that much employment interviewing is based on fads, superstitions, and unconscious prejudices and that the members of personnel staffs are selected on the basis of their apparent understanding of others and are then left to work out their own techniques. Gildea points out that "emotional adjustment and temperament, health and available energy, determination and motivation are very important things to investigate in applicants." This material can be obtained by a skilled interviewer who understands the importance of establishing rapport before attempting to elicit personal information; who knows enough to listen when the applicant talks and knows enough about human personality structure to know what he is listening for.

Gildea would like the social worker not only to interview the applicant, but "to be sure that he goes eagerly on the job where he is best suited to go. The worker should then be closely followed and interviewed at frequent intervals

[1] See Selling, *op. cit.*
[2] *Op. cit.*
[3] *Op. cit.*

thereafter to discuss with him his feeling about the particular job, about the boss, and about the company, to be sure that he understands how the work which he is doing fits into the national program as well as into the company's program. He should be encouraged to talk over any topics occupying his mind. When the employees are women, this personnel worker should take an active rôle in helping them with their practical problems, such as the care of their children, or the perpetually pressing housing problems."

In actual practice, the rôle of the social worker has been fluid and has varied from plant to plant. In counseling, the social worker has made fullest use of her broad case-work training by giving service to the worker on problems on the job and utilizing community resources for his benefit.

Burling and Van Kleeck both point out that social work in an industrial setting is not the same as social work in a social agency and that there is need for a survey of the training necessary for a true profession here. "Psychiatry and family case-work training," writes Burling,[1] "will be extremely useful, but a knowledge of problems of administrative organization, formal relations between individuals and labor and economics are not at present in schools of social work." And Miss Van Kleeck states:[2] "It can be said with a fair degree of certainty that social-work training is not sufficient or precisely adapted to the demands of work in industrial administration, since management itself has a professional content related to technology and engineering."

In some large firms, the work of these various specialists and of their several departments has tended to overlap, or one department has developed more than another, depending upon influences within the particular company. In some instances psychiatrists, psychologists, or social workers have been established in the personnel department, and in other instances in the medical division.

As industrial leaders get better acquainted with the contributions that persons representing each of these disciplines can make, and as they in turn get first-hand knowledge of the problems of industry, improvement in the organization and effectiveness of such work can be looked for.

[1] *Op. cit.*
[2] *Op. cit.*

POST-MILITARY GROUP PSYCHOTHERAPY WITH PSYCHONEUROTICS *

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I AM not qualified to speak from personal experience on the military use of group psychotherapy, but in an early communication on the subject I expressed a belief that the method would be valuable in dealing with neuropsychiatric problems in military organizations. This opinion was founded on previous experience which indicated that, when compulsory attendance of patients could be arranged, satisfactory results often were attained in most hostile patients, even when compensation was involved in their illness. As consulting neuropsychiatrist to the men in the Department of Public Safety in Philadelphia, I could order patients to attend group-therapy sessions, and excellent results were secured. Similar patients attending on a voluntary basis often discontinued treatment when the protection that their neurotic symptoms afforded them was threatened by the dawning of insight. In as much as in military organizations patients may be compelled to report for treatment, I felt that the armed services could similarly overcome the difficulty of encouraging patients to attend sessions regularly. Physicians who have used group therapy in the services have recognized the advantage they have had in this respect.

My use of group psychotherapy with ex-service men has been confined to the treatment of a group of psychoneurotics —referred by the local veterans bureau and other interested agencies to the clinic at the University of Pennsylvania Neurological Department—on a voluntary basis. Because of lack of personnel in the first year of our project, it was impossible to have more than a brief interview with any of these patients before they were admitted to the group and—as is usually the case under such circumstances—almost 50 per cent of the patients ceased to return after the first or second visit. When senior medical students were utilized to

* Presented at a round table on "Military and Post-Military Aspects of Group Psychotherapy," at the Third Annual Conference of the American Group Therapy Association, New York, January 4 and 5, 1946.

take the initial history and conduct personal interviews, the attendance record improved greatly, so I am convinced that in order to integrate patients with the group on a satisfactory basis, some individual interviews are necessary, except where attendance is compulsory as in a military or similar set-up.

I do not believe it necessary to review in detail the symptoms presented by the men reporting to this group, but I should like to point out that there is a difference between veterans now registering for the group and those who reported about two years ago when the veterans' clinic was first organized. At that time we were still at war, and the service men first seen had more deep-rooted feelings of failure and stigma than those we are now seeing. The earlier ones were very much disturbed by the necessity of explaining the reason for their separation from the services. Those in this group who had had combat experience before becoming ill were rather prone to have strong feelings of guilt, and when these feelings were at or near the conscious level, such patients were likely to be withdrawn or depressed. Those who had repressed their feelings of guilt were disposed to be irritable and to project their feeling of incompetence onto others. The medical officers who regarded any of these groups of men as "gold-brickers" were the special objects of their hatred.

One of the most disturbing groups with which we have had to deal are those who, while still in their training period or in the rear echelons, were separated from the service before the cessation of hostilities. These men showed great concern about the psychoneurosis which they had learned was the cause of their separation. They did not experience the same strong feelings of guilt as those who failed in combat, but they did feel more stigmatized and questioned their ability to adjust and to resume useful lives. Those anxious to continue service were inclined to be depressed and were quite demoralized by their rejection.

It is regrettable that prior to discharge such men were not helped to understand the nature of their difficulties, since many of them have become resentful and rather hostile in their attitude as a result of the failure of the services to render assistance to them before separation. We all appreciate that the military were not able to provide this service,

and we regret the inability of civilian medical personnel to help when it was most needed.

In the group separated since the end of hostilities we have not encountered the same guilt feelings as in those discharged before the termination of war; they have a feeling they stuck with it until the job was finished and do not suffer from the necessity of explaining *why* they are out of service. However, there is now a much greater tendency to be concerned about the amount of their disability check than in those separated earlier.

From contact with these men it is quite apparent that few physicians in the armed services had an adequate concept of the nature of psychoneurotic disabilities, and I should like to cite an experience to illustrate this point. I participated in a short training course in psychiatry given to navy physicians in Philadelphia, and the officers receiving this intensified course attended the group discussions. After one session several of them gathered about, and the one acting as spokesman asked, "Do you seriously mean that these fellows with all these neurotic symptoms are really sick, or do you simply say that in an attempt to build up their morale?" When assured that I regarded every symptom of the psychoneurotic as genuine, he replied, "By God, I can't see that!" This view, expressed by one who wore the ribbons of foreign duty, indicates that we as psychiatrists have not succeeded in giving physicians a real understanding of psychoneurotic illness.

The various techniques and mechanisms active in group therapy are now well understood, so, rather than discuss these, I should like to present for consideration some of the disturbing manifestations we have observed in these veterans. The trend that I believe deserves initial consideration is the tendency toward hasty marriages. Many of these boys have rushed into marriages almost certainly doomed to failure. On returning from service, they feel lonely and insecure. Almost the first girl to admire them becomes wrapped in the cloak of perfection, and a rush to the altar results. When the wife finds her hero a scared, faltering, childlike man, her disillusionment is matched only by his chagrin when he realizes that the understanding, patient, tender, motherly girl is in reality a shallow, immature kid who wants to go

dancing rather than stay at home and protect and encourage her fretful husband.

The number who have sought divorces from wives married shortly before or after their induction into the service has also been disturbing. In such cases the inability to appreciate that separation has prevented them from developing together leads to difficulties. Time must be relied upon to iron out some of these difficulties, but infidelity or suspicion of infidelity is a common cause of these ruptures.

Some veterans on returning from foreign service show marked intolerance of irregularities in the social order. Corrupt politics, insincere public servants, and racketeers have disturbed many, and we find that some rapidly become cynical and consider themselves as having been "played for suckers." The disappearance of our war idealism, before the boys got home, has embittered the less stable.

Difficulties in adjusting to work are common, and those who have had combat experience are especially prone to react badly to noisy places of employment. Many who have not had combat experience show similar increased irritability. In those under group study, irritation as a result of excessive bossing at the place of employment has led to frequent changing of jobs. A cynical attitude is frequently observed as a result of the industrial strife and bickering so prevalent to-day.

In the group we have discussed these various types of reaction without offending the men. All such discussions have endeavored to present the psychopathological significance of the behavior, and the men have acquired understanding and tolerance. When they realize that the stay-at-homes had their hatreds and hostilities stirred up by the war, but had little opportunity to express these feelings in action—as those in combat service had—and that with the cessation of war the pent-up hostilities of the civilian group were released and reflected in the industrial strife existing to-day, they are no longer bitter. Many have reported that simply having this view presented to them has made them feel their war service was not wasted, and also has helped them realize that psychiatrists have something to offer the world by teaching people to understand their own behavior and the behavior of others.

Certain recommendations are presented for consideration:

1. The treatment of the psychoneurotic service man should be extended to include the treatment of his family. In our clinic we have encouraged the attendance of wives and other members of the families of veterans, and I believe it has been valuable in assisting them to understand and to aid in the veteran's adjustment. In many of these situations the whole family constellation is sick and needs help.

2. I believe that the program of the United States Veterans Bureau for financing psychiatric care for these men should be heartily endorsed.

3. Through sound articles in the lay press and through discussion by qualified psychiatrists before lay groups, I feel that communities should be given an opportunity of understanding the veterans' problems.

4. In dealing with the veteran, emphasis should be placed upon the *restoration of his efficiency and the furthering of his personality development,* rather than upon an effort to have the government compensate him for the inconveniences of his illness. I sincerely hope that veterans' groups will learn to accept this attitude and will not continue their efforts to make illness profitable.

5. Lastly, I believe that, as psychiatrists, we should recognize our failure to give physicians in the community and medical students a real appreciation of the nature of psychoneurotic disturbances. In the psychiatric curriculum greater emphasis must be placed upon the neuroses than upon the psychoses. From several years of experience, I feel that the psychotherapy group is a medium through which physicians and medical students not only can acquire better understanding of psychoneurotic disorders, but can most readily learn the basic principles of effective psychotherapy.

In conclusion, I believe the achievement of some of these recommendations can be facilitated through use of the group method. Man does not exist as an isolated entity; he is constantly called upon to adjust his behavior and his thinking to a complex social order, and in the management of maladjustments, bringing the individual into an understanding group, into which he becomes integrated, makes eventual adjustment in his own sphere much easier.

MILITARY GROUP PSYCHOTHERAPY*

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IT IS a truism that modern war generally, and naval operations particularly, placed special emphasis upon the closest coöperation between all units participating in any mission. This could be attained only when the men were capable of the highest degree of group identification and action.

The one outstanding trait of all patients admitted to the psychiatric wards was their inability to become part of, and find strength in, the group. During the early months of the war, this admittedly represented the effect rather than the psychopathological cause of the emotional disturbance. Those unfortunate individuals who could not withstand the impact of the first few weeks of military training presented obviously severe personality disorders or evidences of marked psychopathy. Even in civilian life, they had maintained at best a rather precarious adjustment, and had never possessed any notable capacity for group participation.

With the passing months, however, there were admitted an increasing number of patients who not only had adjusted to the rigors of training and to prolonged periods of operational duty, but also had taken part in actual combat. Even among this group there were some with a clear-cut history of preëxisting neurosis. But many had been relatively normal until the onset of their admitting complaint. They had demonstrated an ability to function effectively in a group—an ability that at the moment was clearly not available to them. They displayed the classic manifestations of combat fatigue.

One of the symptoms that distressed them most was their withdrawal into themselves. It was frequently described, along with irritability, as the earliest sign of their present

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disorder. Theoretically, it seemed that if these men could regain the ability to identify with the group, the forces that controlled their anxiety would be strengthened, and their personalities would be freed once more for coöperative action. This would be in accordance with Freud's view that the weakening or disappearance of the emotional ties that bind the group together may be responsible for the neurotic manifestations that develop in the individual members. It was primarily to treat this type of patient that the psychiatric services were set up in the naval convalescent hospitals.

These hospitals are rehabilitation centers for the treatment of medical and surgical patients as well as of those suffering from emotional disorders associated with combat experiences. The majority of these patients were originally admitted to the sick list while serving beyond continental limits. They were treated at one or more base hospitals, as well as at a mainland hospital before transfer to a convalescent unit. This long period of hospitalization, with its comparative inactivity and lack of satisfying experiences, commonly resulted in the development of an invalid reaction in the organically ill, and in certain changes in the behavior of those whose problems were largely functional.

In addition to the well-recognized clinical syndrome of combat fatigue, they presented evidences of moderate depression. They complained of restlessness, impairment of concentration, loss of affection for family and friends, and indifference toward former interests. Headache, hyperhidrosis, gastrointestinal distress, and easy fatigue were common somatic complaints. They feared losing self-control and performing some rash, aggressive act that would result disastrously. They were often dependent in attitude and lacking in self-esteem. With few exceptions, they were at least as much concerned with their objective interpersonal difficulties as they were with their subjective distress.

As a setting for his specific therapy, every patient—psychiatric, general medical, or surgical—was required to participate in a twenty-four-hour-a-day program which covered every phase of his daily life. This included appropriate general medical supervision and group participation in occupational, recreational, educational, and athletic activities.

The range of opportunities offered was large. Emphasis was laid upon practical, creative, socially useful work. Details are omitted here since our program was not unique in this respect, but followed what are now well-established principles.

In addition to participation in the group activity program, our patients required intensive psychotherapy. Each man was seen individually at least twice before he was assigned to a therapy group. This gave the therapist an opportunity to cover the more important events in the patient's history and to determine the salient problems. A degree of rapport was established, and the patient started his work in the group with a feeling that even though the therapist dealt with the group as a whole, he had in mind the problems of each individual member.

The size and character of the group were at first determined by trial and error. The early groups were formed of all kinds and conditions of neurotic individuals; some were small and comprised as few as ten men, others as many as fifty. The meetings were conducted along the lines reported by Jones, Snowden, Blair, and other British military psychiatrists and by Pratt and his co-workers in their efforts to treat various chronic diseases by the class method. The material offered the patients was largely educational, reassuring, and inspirational in character.

It soon became apparent that the larger classes were the less successful. They tended to degenerate either into lectures or into discussions between the therapist and several of the more aggressive patients. Further, if anxiety was aroused during the course of the period, it was difficult to arrange a suitable occasion for its early discharge. Groups of from eight to fifteen men, preferably the smaller, provided a more favorable opportunity for patient participation.

Here, again, there were at first no efforts at selection. To a certain extent, what occurred in the meetings of these smaller groups was individual psychotherapy in a group setting. Each patient recounted his own difficulties. The others contributed from their knowledge and experience. The therapist explained the meaning and development of the symptoms—at first specifically, then in more generally applicable terms. Questions were called for and group participa-

tion encouraged. In order to avoid lulls in the discussion, and in order to keep it focused on the common goal, the therapist gave semi-formal talks on such topics as anger, fear, repression, rationalization, the physiology of the emotions, and the psychopathology of everyday life. Concrete examples were pointed out in the experiences of the group.

This method of group psychotherapy is undoubtedly effective. A majority of the patients did improve; a large percentage were able to return to limited duty. But in many instances there was a question as to whether this form of psychotherapy in a group is as effective as individual brief psychotherapy. Although my experience is limited, many patients expressed their preference for individual attention—a situation that might not, however, have arisen with the more experienced and skillful group therapist.

But there were notable exceptions. Several groups were very successful, and their meetings were stimulating to all who participated. On reflection, it was recognized that these were the groups that developed a real *esprit de corps*. These men were very much interested and alive. They took part eagerly in the available activities, and contributed new and interesting ideas. For them the hospital discipline, the assignment cards, and the constant urging were superfluous.

It appeared that this happy state of affairs was related to a fortunate chance in the composition of these groups. There were always one or two outspoken, aggressive individuals. If there were more, they dominated the meetings; if, in such a circumstance, they were repressed by the therapist, there developed an undercurrent of resentment and hostility. On the other hand, if there were none, the group was passive, and it was extremely difficult to get it going. To counterbalance the aggressive patients, there were several men who were relatively mature and stable, men with good combat records who were respected by their fellow patients, and who were clearly on the road to recovery. If they had medals for bravery, so much the better. The remainder of the group included the depressed, the anxious, and so on, but not many with gastrointestinal complaints, since patients of this type seemed usually to have less insight, and less psychological feeling generally, than those with other somatic complaints.

It was felt that if similarly structured groups could be selected, and if the content of the discussions could be kept at a level of obvious general interest, it might be possible to foster more successfully the development of a group spirit and feeling that would make for a therapy by the group. In such a group, discussions might typically be started with two problems presented by almost all patients: their resentment against authority and their current ineffectiveness as functioning human beings. This was proposed as a national problem. If this was going to happen to any representative group of responsible citizens subjected to the experiences they had had, then even in victory we would have suffered defeat.

The first reaction to this is a discharge of pent-up emotions, a placing of the blame on others than themselves. Incited by the more aggressive members, there is increasingly violent expression of disapproval of all things military. The officers are harshly castigated; the enlisted men's sorry lot is described in infinite detail. The complaints, which at first deal with manifest inequities, eventually tend to become fantastic, if not actually ridiculous. It is evident that this preliminary phase serves two purposes: first, to ventilate accumulated hostility; second, to test out the therapist. Many patients comment: "We know you would never take this sort of thing aboard ship." Up to this point such ties as do exist are between the individual members and the therapist. The men want to tell him what they think and feel. As yet, they have little or no interest in the opinions of their fellows.

But the development of some group interaction has been assured by the careful selection of its members. As the aggressive men are carried away by this opportunity to vent their wrath, they begin to ascribe purely personal reactions to the group as a whole. Here the first sharp division occurs. The patients who were selected because they were more mature and less disturbed now begin to exert some counter-influence. They will not consent to the most extreme statements; they point out that they do not share all the feelings described by the others.

Intra-group ties and oppositions now develop; some side

with the aggressive, hostile men, others with the more stable individuals. The therapist is still included in the discussion; his remarks are accorded some deference. But the leaders of the respective factions now attempt to influence their colleagues rather than just to communicate with the therapist. They seek support in union; they have put out feelers; they have begun to work together.

This interaction is further heightened by the men with somatic symptoms. The patient with stomach ache, for example, complains that he is in the hospital because he is sick; he wants medicine; he thinks "all this talk is a lot of crap." The aggressive ones turn on him and tell him what they think his problem is.

At this point intervention by the therapist is necessary or the gap between the opposing factions widens. They waste their time accusing one another of being namby-pamby goody-goodies or stubborn, self-centered s.o.b's. The factional identifications that have appeared contain many negative elements. They are based at least as much on antagonism toward those with opposing views as they are on any realization of mutual attitudes and interests. The therapist must focus attention on the main problem once more. This may be done by pointing out, usually in the form of questions or tentative hypotheses, the psychopathological significance of the various reactions noted in the group.

It goes without saying that the therapist cannot become involved in personal argument with any of the patients. If he wishes to point out an opposing view, it is best to do so by asking appropriate questions of the group. The reactions of each member must be accepted as reasonable, provided always that it is clear that certain conditions be granted. This makes it possible for the men to agree that their conclusions would be different under other conditions.

If the therapist has been successful, he has now been able to draw the group together. By bringing forth certain experiences, reactions, and attitudes of which he has learned in his individual interviews with the patients, he has demonstrated that many factors in their behavior are common to them all; that the divergencies are based upon conditions that can be examined; and that the decisions that any man

makes are influenced not only by the reality situation, but also by his life experiences.

Thus far, the group has discussed mainly the various reactions to military service, its attitudes toward civilians and toward those service men who have not been overseas. References to combat experiences have been brief and lacking in detail. Except for those with somatic complaints, the general reaction has been not, "I can't return to duty," but rather, "I won't go back." But now the group enters a new phase. The men no longer feel isolated. They have found incipient security in their mutual association. There is still disagreement among them, but it is not so violent as before. The acceptance of his own point of view has made it possible for each man to reëxamine his previous conclusions, and to consider the attitudes of others. They have learned that each man's point of view occupies a point on a continuum between two extremes. They have acquired a technique for analyzing the group reaction to a typical situation and, with some humor, they even know to which members to turn when they wish to hear a specific bias expounded.

It has been the aim of therapy thus far to strengthen the forces that control anxiety by promoting the development of group identifications and increasing the patients' self-esteem through their relationship with the therapist and their concrete achievements in the hospital activity program. Our first group experiences had shown all too vividly that forcing a patient to tell the story of his traumatic experience before he is prepared to handle the hitherto-repressed anxiety may often result only in aggravation of his difficulty and resistance to the therapist, if not to all further therapy. The delay of such searching to this phase of treatment insures not only a greater tolerance of the anxiety when it finally is manifested, but also some knowledge and experience in the methods of analyzing it without which desensitization would be difficult.

The inquiry into the nature of the actual combat experiences and the various reactions to them is carried out by direct questioning of the men in the group. Their behavior in response to this stimulus has been so widely described that repetition in detail is unnecessary. Each member of the

group seems to identify with the man who is relating his experiences; each man vicariously participates in the catharsis, and undergoes the emotional reactions associated with the release of repressed memories and conflicts.

But in a group such as this, which already has partial insight, the emotional reactions seem to be moderated as contrasted to the heightening of anxiety often seen when such data are sought early in the course of treatment. Group discussion and analysis of the experiences of one member after another promote desensitization. The therapist repeatedly draws in the reactions of the various members to demonstrate the range of response, and thus brings each man into the situation.

Motion pictures of action afloat and ashore were also used to bring about abreaction, occasionally with very dramatic results. On the whole, however, they were not as effective as personal recitals by the members of the group.

I have tried to indicate what I feel the course of therapy is. In summary, it depends first on a transference from each member of the group to the therapist. Then, by finding others who share their reactions—and this is high-lighted by the presence of those who hold opposing views—the men are able to effect some positive transferences within the group. At this point it is crucial for the therapist to abort the intra-group hostilities that have fostered the development of the various factions. He must knit the whole group together by defining the common objective, demonstrating the relationships between the various attitudes and the manner in which these reaction patterns have developed. Identification with the group and participation in the full activity program increase the individual's self-esteem, giving him strength to face his anxieties and to assume responsibility for getting well. Desensitization to the anxiety follows the development of increasing insight.

A word about the therapist's rôle. In the service it is impossible for him to divorce himself from the authority conferred by his rank. However, he is unusually permissive. He tolerates abuse of the hospital—and, therefore, of himself—as well as of the military service in general. Eventually he may come to be regarded by the men as a participant

observer. It is probable, however, that there is a very strong transference element in the improvement shown by the group. A successful group stands out in the hospital. They go to extra efforts at the regular inspections of the commanding officer; they observe military courtesy more punctiliously than is usual in a citizen navy because they feel that such behavior will enhance the therapist's standing in the eyes of the medical officer in command. They are like the crew of a "happy ship" and regard the therapist as "the old man."

The results of treatment cannot be evaluated statistically, since we worked with a group of patients who had been selected by the referring hospitals as being most likely to recover sufficiently to return to duty. Even with this group, only 66 per cent were returned to duty—a fifth of these to full duty, the remainder to limited service. Of the rest, about half showed definite improvement. There is no information concerning the number who broke down again. When a group disbanded, not all the men were well enough to leave the hospital. Those who were left behind did not respond well in another group; they usually continued their work in the hospital activity program, and received individual therapy.

My experience is not broad enough to warrant any final conclusions as to the types of problem that do not respond to group therapy. It does appear, however, that the very dependent and paranoid individuals belong in this class. As I look back, perhaps the gastrointestinal cases I referred to as being unsuitable for inclusion in the group were usually in one or the other of these categories. Conversely, those with overt aggression, extreme irritability, anxiety states, and mild depressions responded particularly well.

THE NEUROPSYCHIATRIC TEAM IN THE UNITED STATES ARMY *

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NEVER before were psychiatrists, psychologists, and psychiatric social workers employed on such a vast scale as members of neuropsychiatric teams as in the war recently won. These neuropsychiatric teams, under direct responsibility to the Surgeon General's Office, were utilized at all levels of the army and in a wide variety of overseas and zone-of-the-interior army installations, such as general, regional, and station hospitals; neurological and neuropsychiatric centers; convalescent hospitals; consultation units (mental-hygiene units); disciplinary barracks and rehabilitation centers for prisoners; induction stations; personnel centers and redistribution centers; and separation centers.

At the peak, there were in the army about 2,400 medical officers assigned to psychiatric services; about 400 commissioned clinical psychologists, plus a much larger number of well-trained clinical assistants (called personnel consultant's assistants); and at least 600 enlisted social workers and psychiatric social workers. It is not incorrect to say that wherever the army assembled soldiers in any considerable number, there the neuropsychiatric team was likely to be found.[1]

* Grateful acknowledgment is made of the penetrating criticisms and constructive suggestions offered by Elizabeth H. Ross, who helped to nurture this paper from its initial to its final status.

[1] The team concept was applied not only in the field, but in the Surgeon General's Office, War Department, as well. From July, 1945, on, within the Neuropsychiatry Consultants Division, S.G.O., such a team, directed by a psychiatrist, included a chief of the clinical psychology branch and a chief of

These teams functioned under both the most favorable and the most inadequate conditions in such matters as physical equipment of the installation, availability and experience of the professional personnel, leadership and coöperation of the command, and time available for diagnosis, treatment, and disposition of patients. The clinical material to which they had access and for which their professional help was sought also varied tremendously—from the mild disciplinary problem to the severe psychotic; from the individual with minor problems of adjustment relating to some temporary physical disability to the one with extensive brain damage; from the relatively simple problems of reclassification and reassignment of military personnel to the rehabilitation and readjustment of the blind, the amputee, the deafened, and the paraplegic.

The teams may have worked in isolation from other professional workers in the army because of the exigencies of the moment; they may have had no access to technical manuals, books, testing materials, and clerical assistance; they may have functioned without specific directives from higher authority because of sudden and new developments in the war. Or—and especially during the latter stages of the war and during demobilization—they may have had exceptionally adequate equipment, personnel leadership, and integration with other professional workers.

This huge experiment in the utilization of the neuropsychiatric team to assist in screening out misfits and in conserving human resources provided an extremely rich experience in testing the adequacy of the hypothesis that such a team, composed of psychiatrist, psychologist, and social worker, could most effectively aid with personnel problems. From tentative and experimental beginnings in 1942, the team concept grew to an established and accepted procedure in 1945. Now, in 1946, the neuropsychiatric team is still being employed in the army as extensively as the limitations of a rapidly decreasing army personnel permit.

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the psychiatric-social-work branch. These demonstrated in their daily program of work, in their planning, direction, and supervision of the army psychiatric program, the smooth and effective functioning of the neuropsychiatric team in this high army echelon. This organization resulted from much previous ground work and long-range planning.

It is, therefore, well to inquire into the problems and experiences of the neuropsychiatric team in the United States Army. We may properly ask how the professional skills of the members of the team were coördinated, how functions and responsibilities were allocated. We may also inquire into the nature of the experience gained by the members of the team, and into the question of how this may affect, if at all, the subsequent course of development in the civilian practice of these professions.

While the concept of a neuropsychiatric team did not originate in the war—as witness its use by child-guidance agencies long before 1941, and the persistent interest of such organizations as the American Orthopsychiatric Association and The National Committee for Mental Hygiene in this approach—it received its first extensive testing as a by-product of the war. Nor—despite the favorable attitude toward the team concept of some individuals high in the echelons of the Surgeon General's Office—did the establishment of the team come about entirely as the result of a careful and analytical study of the theoretically best method of treating the mental-hygiene and psychiatric problems of our immense army.

The Director of the Neuropsychiatry Consultants Division had consistently maintained that such an organization of psychiatric personnel was desirable and needed. However, its development and culmination were greatly fostered by the needs of our vast army for psychiatric care—care in the prevention of psychiatric disabilities, and care in the treatment of such disabilities wherever they arose. There were simply not enough well-trained psychiatrists, clinical psychologists, and psychiatric social workers to deal with the problems created by and—should we also say?—illuminated by the war. The army undertook a training program to provide additional personnel for these psychiatric needs.[1] This was insufficient to meet the problem. The neuropsychiatric team was finally

[1] Psychiatrists were given training at the neuropsychiatric school established at Lawson General Hospital, Georgia, and later at Mason General Hospital, New York, in the School of Military Neuropsychiatry. Clinical psychologists were given direct commissions and received additional training at the Adjutant General's School and in the neuropsychiatric sections of general hospitals. Plans were in preparation for a similar training program for psychiatric social workers when V-J Day caused their abandonment.

established as by far the most effective method of coping with the situation, and received formal, official recognition in various war-department circulars and technical bulletins.[1] That it happened to coincide with the thinking of enlightened and progressive opinion, and that it proved in practice—in the belief of the authors of this article—the justification of its existence as the best, *normal* solution of the problem of diagnosing and treating psychiatric disturbances, was incidental. This incidental by-product of our experience in the war is of far-reaching professional and social significance and is, therefore, the subject of this paper.

Attention will be directed, in the remaining portion of this paper, to some typical examples of the coöperative functioning of the members of the neuropsychiatic team in the army. These examples are neither the best nor the worst that might have been selected for illustration. There were instances in which competition, mutual suspicion, and intolerance of the methods and thinking of "other" members of the team were evidenced. In a great many cases, the individuals of the team had never worked in a team relationship in civilian life, and they learned to work together only after much painful experience. There were many instances in which only time and the pressures of army needs managed to bring a considerable degree of coöperative effort. But in the end, the coördinated and integrated efforts of the three types of professional worker not only were the rule, but produced highly effective results. This is attested not only by the personal observation of members of the Neuropsychiatry Consultants Division of the Surgeon General's Office, who made innumerable visits to the field, but by the official reports of the audit teams of the Adjutant General's Office, which visited and reported on the work of these neuropsychiatric teams.

Let us take a glimpse at the personnel of this team—the psychiatrist, the clinical psychologist, and the psychiatric social worker. First, the psychiatrist. What kind of individual is he? What are his assets and his limitations?

In civilian life, the psychiatrist is a physician trained to prevent, diagnose, and treat disorders of the personality.

[1] See, especially, War Department Technical Bulletin 84, August 10, 1944, and War Department Circular 264, Section VIII, September 1, 1945.

He evaluates factors on all levels of behavior that affect personality functioning. He provides patients with opportunities for altering their basic attitudes, so that they may derive more wholesome satisfactions from their social relations. He utilizes the interpersonal situation to effect emotional growth, in an attempt to relieve disabling symptoms. He provides protective measures for patients during acute emotional illnesses. He not only utilizes a share of the pharmacological armamentarium, but such adjuncts as prolonged fever and electro-shock. His understanding of interpersonal relations and unconscious motivations lead him into many related fields—general medicine, personnel problems in industry, criminology, sociology, and anthropology.

In the army, in order to meet the urgent needs of the service, medical officers were selected to receive intensive, if sketchy, training at an army school of military neuropsychiatry and then were usually assigned to an installation, in which an experienced psychiatrist was in charge of neuropsychiatric work, for additional training and experience. The medical officer had to learn while doing his vital job. He interviewed psychiatric casualties, hospital cases, or outpatient cases; wrote opinions on the emotional condition of these cases; offered individual and group therapy; gave mental-hygiene lectures to line officers and noncommissioned officers; acted as consultant to the command on the prevention of emotional breakdown and on sound mental-hygiene procedures for the training of soldiers; recommended disposition, reassignment, or reclassification as an aid to the better adjustment of soldiers; and carried on a multiplicity of administrative and supervisory functions.

The clinical psychologist in civilian life was a different kind of professional person, with different skills and capacities. Generally, he had earned a Bachelor's Degree, with a major in psychology; usually he had at least two years of graduate study in psychology, including some field training in a psychological or psychiatric clinic or guidance agency, with at least a Master's Degree and often a Ph.D; and usually he had had at least two years' clinical experience before being recognized as a full-fledged clinical psychologist. His training included courses in general and abnormal psychology;

tests and measurements; individual clinical testing; physiological psychology and neuro-anatomy; experimental psychology, research, and statistical methods; developmental psychology and mental hygiene; and counseling and psychotherapy.

The deviations from this pattern of course were wide. In the army, as was the case with psychiatrists, many individuals were approved for commissions as clinical psychologists with less than the civilian requirements. They were given additional training and then were assigned to various types of medical installation to work under the supervision of the psychiatrist, obtaining further training while on the job. They performed a wide array of functions, including taking case histories; administering and interpreting intelligence, personality, interest, aptitude, and achievement tests; examining for aphasia, mental inefficiency, and special disabilities; assisting in group psychotherapy and in counseling neuropsychiatric patients; counseling soldiers with problems of misclassification and misassignment; and conducting special psychological studies of local problems.

The well-trained psychiatric social worker in civilian life was a graduate of a recognized graduate school of social work. In this school and in connection with field work in a psychiatric organization, he had received supervised training and experience in psychiatric social work. He had become capable of assisting individuals, in a clinical setting, in the resolution of personal, social, and emotional problems by helping them to discover, through interviews, what their resources were and in adapting to the realities that confronted them.

In this process the social worker would, when necessary, take intensive psychiatric social case histories (histories emphasizing the social-emotional experiences of the individual and uncovering the persistent patterns of methods of attempted adjustment); explore the environment to determine methods of adjusting it by the individual or *vice versa;* and counsel the individual in interviews with the aim of aiding him to make more effective use of his capacities and abilities.

In the army,[1] as a soldier, he at first may have had less than the required degree of training and supervision, but he usually made up some of this lack through on-the-job training or experience and through being assigned limited, rather than full, psychiatric-social-work responsibilities. He was often called upon to assist in administrative matters, in talks on mental hygiene, in group psychotherapy, and the like.

A further word may be necessary regarding the applicability of the ensuing discussion to civilian psychiatric practice. It is true that the forging of the neuropsychiatric team in the army was catalyzed by the exigencies of the war. The insistent demands for psychiatric care and the unavailability of enough trained personnel assisted this process. Nevertheless, the success of the team's functioning can be understood only in terms of its effectiveness in meeting the need. For the fact that it worked, and worked so well, is a tribute to the adequacy of this type of organization of psychiatric personnel. Moreover, if a neuropsychiatric team could function so well in time of war, when the careful planning of functioning, long-time growth in mutual understanding and permanence of the key personnel of the team could not be attained, how much more readily could such a team function in peace time, with all the advantages of more leisurely activity?

As Brigadier General Rees said, in *The Shaping of Psychiatry by War,* "From the psychiatrist, especially, the psychologist will learn something more about men and motives and the psychodynamic forces at work in the subjects of his inquiries. From the psychologist, medicine can learn much of the scientific and statistical approach to problems of ill health and can apply to prophylaxis and to the improvement of therapy many of the facts disclosed by psychological investigation." He might have added that both can learn much about the case-work process and group-work procedures from the psychiatric social worker, just as the latter can learn something from each of the others.

The Neuropsychiatric Team in a Convalescent Hospital.— By directive of the war department, the leader of the neuro-

[1] Many social workers were employed as staff members of the American Red Cross and assigned to medical installations.

psychiatric team is the psychiatrist. This is as true of the convalescent hospital as it is of the general hospital, the consultation unit, and the like, for in all cases the psychiatric casualty is the responsibility of the medical department. While this is as it should be, it should not mean that the other professional members of the team are relegated to subordinate rôles. Each plays his distinctive rôle in accordance with his particular training and experience. There need be no question of subordinate position if each is permitted to contribute to the maximum of his capacities and is respected for that contribution as a co-worker in the total reconditioning process of the patient. The following illustration will make this clear.

In this particular convalescent hospital, the chief of the neuropsychiatric section (consisting of several battalions) was a neuropsychiatrist. His administrative officer, who also acted as liaison officer, was a clinical psychologist. Upon arriving at the receiving company, each incoming patient was interviewed by a psychiatrist, and his medical records were reviewed. On the basis of this initial process, decisions concerning further preliminary work-up of the case and the possibility of a convalescent furlough were reached. In some cases, immediate physical check-up or treatment was indicated. In many instances, the case was referred to the psychological clinic for further processing.

The clinic was directed by a clinical psychologist, and its staff consisted of both clinical psychologists and psychiatric social workers. It was here that a social case history was taken, usually by the psychiatric social worker, and routine psychological tests for intellectual efficiency, educational attainment, and interests were administered. The clinic made its report, which contained a summary of findings and recommendations for treatment and disposition, and submitted it to the receiving company. When necessary, conferences were held for this initial processing of the patient.

The patient was then placed in a treatment battalion, if it was believed that he would benefit from the convalescent hospital's reconditioning program. Each company of the treatment battalion was administered by a medical administrative officer, assisted by a corps of suitably selected and

trained enlisted men. To these personnel were allotted the tasks of "housekeeping"—that is, running the routine, daily affairs of the company. The professional neuropsychiatric problems of the company were the responsibility of the neuropsychiatric-team unit. In so far as possible, each unit team consisted of a psychiatrist, a clinical psychologist, and a psychiatric social worker. These worked in close coördination in the effort to rehabilitate the patients of the company. There was frequent informal "staffing" of cases, in which the spirit of free "give-and-take" prevailed.

The psychiatrist undertook the therapy indicated for each case on an individual basis; he also supervised and assisted in group therapy. He was responsible for all professional decisions relating to the patient's welfare. He supervised the company staff of professional workers. When a case was ready for presentation to the board, for return to duty or separation from the service, he was responsible for integrating and summarizing all of the medical, psychiatric, and military data concerning the man.

In contrast, the clinical psychologist was assigned to problems of psychological evaluation and educational counseling. It was he who administered additional psychological tests, when necessary, for more detailed personality evaluation; or he might refer the case to the psychological clinic for special or intensive psychological examination. He was regarded as the expert in interpreting the results of all psychological tests, past and present, in so far as they offered leads for therapy, guidance, and counseling. He assisted in group-therapy sessions and in evaluating the results of these sessions. He was of special value in counseling the patient with respect to the program of educational reconditioning, occupational therapy, and physical reconditioning. He often held conferences with the classification and counseling section in relation to the patient's capacities, interests, and aptitudes.

The psychiatric social worker was the case-worker member of the team. Under the supervision of the psychiatrist, he conducted further interviews with selected cases and assisted the patient in relating to his immediate reality problems. These case-work interviews were the core of his contribution to the neuropsychiatric team. They depended upon the pro-

fessional skill of the psychiatric social worker in developing a relationship with the patient in which the two coöperated in the exploration of current difficulties and in methods of adapting more effectively to the army environment.

The patient, using the support and confidence offered by the worker, reëxamined his problems; was assisted in gaining a better understanding of himself and his current modes of adjustment; began to reëvaluate his symptomatic difficulties; found resources in himself and in the army environment (including the worker); and, when successful, was able, through better insight and often some readaptation of environmental conditions, to make a more effective adjustment to the army. The social worker also attempted to enlist and to coördinate the assistance of other army and civilian agencies in handling the economic, familial, and social problems of the patient. Like the others, when qualified by training and personality, he participated in group-therapy sessions.

This plan of functioning was never rigid. In the first place, it depended upon the frequent interchange of information and opinion by the members of the team. This process stimulated all to grow in professional stature and wisdom on the basis of the contributions of each worker's unique training and background. There was thus a distillation of the best knowledge gleaned by workers with differing viewpoints.

In the second place, adaptations were made on the basis of the specific skills and extent of training of each member of the team as well as of the pressures of work. In the army, not the least, but the most that each man could contribute was needed and expected. Hence, when particular persons presented unusual capacities, they were utilized whenever possible. Thus, in this particular convalescent hospital, where one of the clinical psychologists had, through long training and experience, acquired the skills of a hypnotist, patients—selected both by the psychiatrists and by the psychologist—who seemed to be able to profit from such therapy were referred for hypnotic analysis and treatment. Often the treatment process was a coördinated psychiatrist-psychologist process. Another individual, a social worker, had obtained careful training in Jacobsen's and other methods

of treatment by relaxation. His skill in this type of treatment was utilized for selected cases.

In addition, the entire professional staff of the neuropsychiatric section conducted two types of formal in-service training and staff conference. At intervals, varying in frequency from daily to weekly, depending upon the pressure of work and other factors, there were seminar conferences of the entire staff on problems presented by special cases or on professional topics of general interest, and often there were courses given separately for the psychiatrists, the clinical psychologists, and the social workers on technical and specialized subjects or techniques. The latter type of course, though intended for a particular professional group, was not restricted to members of that group.

Finally, the staff occasionally collaborated on research projects related to the needs of the service. On these research studies, the interchange of special skills and techniques was of outstanding value. The research and statistical methods in which the psychologist was especially well trained were particularly important.

This rapid and somewhat cursory summary of the organization and functioning of the neuropsychiatric team in a convalescent hospital does not do it full justice. However, it does present the most salient features.

The Neuropsychiatric Team in a Consultation Service Unit.—The development of the consultation service (mental-hygiene unit) in the army proceeded in irregular and somewhat chaotic fashion. The initial units usually sprang up on the basis of the local needs of a training installation and the availability of a psychiatrist or a personnel consultant or both in that particular installation. The first of these was established at Fort Monmouth, New Jersey, in a Signal Corps replacement training center late in 1941 under Major (then Lieutenant) Harry L. Freedman's direction, but it was not until much later, in 1942, that a comprehensive program of preventive psychiatry finally developed out of its tentative beginnings.

Gradually, other more or less similar units were established in other training centers, with the assistance and leadership of the neuropsychiatry division, until by 1945 most

army-service and army-ground-forces training centers had such facilities. However, it was not until June, 1945, that a description of the ideal operating procedure was devised and published from Washington.[1] Prior to this, the authorization for the direct commissioning of clinical psychologists,[2] and the designation and description of the specific job of army psychiatric social workers,[3] had been issued.

This digest of historical information is submitted in order to indicate that the present illustration represents the composite program developed after trial and error and on the basis of fairly extensive army experience.

The director of the unit under discussion was a psychiatrist. This coincided with the provisions of T.B.Med.156, published later, that the director should be a medical officer who would be directly responsible to the surgeon of the training center. He was assisted by a psychiatric social worker (who did not then have that army designation; at that time he was known simply as the noncommissioned officer in charge), who acted as the intake worker and assistant director; by a staff of clinical psychologists (at that time known as personnel consultant assistants); by a group of military social workers; and by a Red Cross psychiatric social worker.

At first, the director of the unit was on the staff of the commanding general's staff. Cases were referred by the director of schools, by the inspector, by the provost marshal, by chaplains, the Red Cross, infirmaries, station hospitals, and the personnel section. A soldier would then be referred to a specific member of the staff of the unit. Usually, this worker was a psychiatric social worker who could refer the soldier, as the need arose, to the clinical psychologist. The most serious cases were seen by the psychiatrist, who always reviewed the reports written by other members of the staff.

The clinical psychologists were directly responsible to the chief clinical psychologist who, in turn, was responsible to the director. They would evaluate the soldier's military history based upon an examination of his military records, and would occasionally take a history. They decided what

[1] See War Department Technical Bulletin 156, June, 1945.
[2] See War Department Circular 270, Section IV, July 1, 1944.
[3] See War Department Circular 295, July 13, 1944.

psychological tests were to be administered, often in consultation with the psychiatric social worker or the psychiatrist. They would frequently arrange for additional interviews for discussion of the man's difficulties, especially his learning difficulties, and of his training program. They made recommendations for changes in training, reassignment, and other types of activities or, if the man was to be presented to a board for recommendation relative to separation from the army, they prepared a report summarizing the man's history, his current difficulties and symptoms, and an analysis of the findings of the psychological examination in regard to personality, intelligence, aptitudes, achievements, and skills. They would frequently confer with line officers, medical officers, and noncommissioned officers about the man's difficulties and the most effective methods of handling him. They participated in lectures on mental hygiene and in group psychotherapy, under the direction of the psychiatrist.

The psychiatric social workers took social histories and followed up by continuing a counseling relationship with the soldier, in regard to his emotional and social adjustment. It must be emphasized that the program was essentially preventive and educational. Hence, many of the cases were referred for mental-hygiene problems which were amenable to this type of treatment. The psychiatric social worker also discussed the soldier's problems with the man's company officer or his noncommissioned officer. Finally, he participated in group-therapy sessions.

All cases that required, and seemed able to profit from, more intensive psychiatric therapy were seen by the psychiatrist. If they did not respond to such treatment or if no suitable reassignment could be recommended, they were referred to the psychiatric wards of the station hospital or recommended for discharge on the basis of character defects, inadequate intellectual capacities, or poor adaptability.

All staff members were an integral part of the command, but the psychiatrist was directly and intimately concerned with all phases of training-center activity. He spent much of his time in the field, and he advised the command on matters of morale, motivation, and general mental hygiene.

The staff worked together on research problems related to

the current needs and functioning of the unit. In this process, the coördination of the special skills of each member of the staff resulted in considerable clarification of procedures and treatment methods.

The Neuropsychiatric Team in a General Hospital.—The functions and organization of the neuropsychiatric team varied in the general hospitals in accordance with, among other factors, the type of the installation. The nature of the problems encountered differed considerably in the neuropsychiatric center, the neurological hospital, and the general hospital in which one section was the neuropsychiatric section.

The installation that has been selected for illustration is a general hospital that served as a neuropsychiatric center. The chief of the neuropsychiatric service was a psychiatrist. The psychiatrists on his staff were assigned to various open and closed wards. The psychiatrists had the direct responsibility for the patients on these wards. Both the clinical psychologists and the psychiatric social workers—military and American Red Cross—were assigned to the psychology and social-work section. Later, this unit was broken up into two smaller sections—the psychology section and the social-work section—each under its own chief.

The psychiatrist supervised and administered the entire treatment reconditioning program, which included various types of individual psychiatric therapy, ward management, participation in educational and physical reconditioning, occupational therapy, and prevocational training. He was assisted in this work by the findings of the psychologists, the social workers, the classification and counseling section, and the separation section. He delegated much of the administrative care of the patients on his wards to the nurses, the medical administrative officers, and the enlisted medical cadre. Most of his time was, therefore, spent in individual therapy and in preparing cases for presentation to a board, prior to returning them to duty or separating them from the service. Part of his time was devoted to the deeper and more controlled types of group therapy. Some of his time, depending upon his specialization and experience, was given to special forms of therapy, such as narcosynthesis and hypnotic

therapy. Some of his time was also spent in the supervision of the in-service training of the psychological and psychiatric personnel.

When a patient was received in a hospital, he might, if the situation required it, be referred directly to the psychology and social-work section for study and evaluation. Usually, however, the patient was first interviewed by the psychiatrist, who referred him to the clinic when a need arose for special evaluation. Routinely, all cases were referred for a social case history, and some of these were studied further in the light of a "home" social history obtained through the coöperation of the Red Cross professional social workers and the Home Service chapters.

When a psychological examination was requested, the patient was referred to the clinic with a specific request regarding the nature of the problem; in some cases he was referred for a general intelligence evaluation or a general personality study. The clinic then scheduled an appointment or appointments for examination and interview.

Operating within the framework of the clinic, the clinical psychologist decided upon the battery of tests to be administered. This was often modified subsequently in terms of the psychological findings. Similarly, the social worker obtained relevant social and personal data for the psychiatrist. All of these contacts with the patient were regarded as having therapeutic significance, and were considered in terms of the needs of the patient.

The findings of the psychologist and of the social worker were presented separately to the psychiatrist in the form of written reports. Whenever necessary, conferences were scheduled for discussion of the cases. Psychologists and social workers participated in group therapy in accordance with their training and experience and were given in-service training based on army experience, to improve their technique in this area. The psychologists, particularly, worked closely with both the classification and counseling section and the separation section in administering special vocational tests and in offering "vocational guidance." The clinic undertook research studies arising out of its own needs or out of the needs of the hospital as a whole.

CONCLUSION

There is a basic philosophy underlying the presentation of the concept of a neuropsychiatric team. In such an arrangement advantage is taken of the unique training and experience of each of the professional members. Together they provide an extensive array of talent available for the treatment and disposition of the emotionally disturbed soldier (or the patient in civilian practice).

None of them separately is adequately trained to undertake all of the functions required in this treatment process. If necessary, each member, utilizing his primary training and taking advantage of his marginal training, could provide some assistance to psychiatric patients. Our thesis is, however, that these marginal assets are inadequate for the full understanding and recovery of the patient, and, if utilized indiscriminately, constitute, at worst, a serious danger and, at best, an inefficient administration of the diagnostic-therapeutic process.

The work of the psychiatrist is founded on extensive medical and psychiatric training; that of the clinical psychologist is based on extensive training in academic, systematic, experimental, and clinical training; and that of the psychiatric social worker is rooted in understanding of the case-work process as a method of helping people with their social-emotional difficulties. The skillful coördination of the special abilities of the team, therefore, accomplishes two essential and interrelated purposes: it permits each member to focus his work in relation to his most highly developed and technical skills, thus affording the most benefit in understanding and treating the patient; it offers confirmatory and supplementary information and assistance to the patient, while at the same time aiding the professional colleagues to a surer and more mature grasp of their own work. It is believed that this type of organization is readily adaptable to a wide variety of army installations and civilian agencies. Such adaptations may require the selected use of designated techniques and varying proportions of the number of each type of personnel required.

It is conceded that in some circumstances the director of the team might readily—and even more effectively—be some

one other than the psychiatrist. (Presumably that member of the team who has the major responsibility and the responsibility for the final decisions should serve as captain.) In an agency, for example, that focuses attention on the problems of learning and learning disability, a clinical psychologist, trained in educational diagnosis and remedial methods, might preferably head the team. In certain types of social agency, the chief might be a psychiatric social worker. But whenever the focus is the psychiatric maladjustment of the individual—particularly when the individual is seen as a patient in a medical institution or in a medical section in an out-patient service—the psychiatrist or neuropsychiatrist is the individual thus to be designated. There is more than ample opportunity, within the well-charted course thus described, for the team to operate in such a way as to provide intellectual challenge and creative opportunity for all, as well as optimum service to the patient.

PRESENTATION OF THE LASKER AWARD IN MENTAL HYGIENE*

THE Lasker Award in Mental Hygiene for 1946 was divided into two parts—one-half being presented for a significant experimental investigation into behavior deviation, and the other half for an outstanding contribution to the advancement and improvement of public mental hospitals. The presentation of the award was made as usual at the annual luncheon of The National Committee for Mental Hygiene, held last year at the Hotel Pennsylvania, New York, on October 31.

The first half of the award was given to Dr. W. Horsley Gantt, head of the Pavlovian Laboratory at Johns Hopkins University. Dr. James R. Angell, Public Service Counselor of the National Broadcasting Company and a vice president of The National Committee for Mental Hygiene, presented the award with the accompanying citation:

> "For years Dr. Gantt, with unusual devotion to a specific scientific goal, has applied his talents to the experimental modification and analysis of behavior. For the most part this experimentation has followed the style of Pavlov. His scientific writings, now nearing the century mark, have for the most part been addressed to his experimental confrères and so have not brought him to public attention. However, his works are intensely important to the mentally ill and those who serve them. His recent monograph, *The Experimental Basis for Neurotic Behavior*, is timely when psychiatric education is shifting its focus toward the neurosis, when general medicine is beginning to develop a responsibility for the vast neurotic patient population whose ills do not come within the framework of traditional medical sciences, and when the pressures of a war have forced a higher public consciousness of neurotic disability."

Honorable mention was given also to the work in behavior research of Dr. Jules Masserman, Assistant Professor in Psychiatry at the University of Chicago and author of the two books, *Behavior and Neuroses,* and *Principles of Dynamic Psychiatry.* The citation was as follows:

* The Lasker Award in Mental Hygiene, established in 1944 by the Albert and Mary Lasker Foundation, is an award of $1,000 presented annually for outstanding service in some field of mental hygiene.

"Dr. Masserman is widely known and respected both for his experimental research into behavior, especially neurotic behavior, and for his interest and activity in the field of human affairs outside the laboratory. He has sought to translate the experimental work into the range of practical psychiatry, medicine, and sociology, and himself to take part in the affairs of the day. At a time when the neurosis has assumed such great significance, not only as a human ill, but as a factor in world affairs, experimental work in this field is crucial."

The second half of the award—for an outstanding contribution to the advancement and improvement of public mental hospitals—was given jointly to Dr. D. R. Sharpe, of the Cleveland Baptist Association, and Mr. Walter Lerch, of the *Cleveland Press*. Dr. Samuel W. Hamilton, Mental Hospital Advisory, Mental Hygiene Division, United States Public Health Service, and President of the American Psychiatric Association, presented the award and the citation:

"In 1943 a group of religious objectors who were serving as attendants at the Cleveland State Hospital protested the outrageous treatment of patients in that institution. To Mr. Walter Lerch, of the *Cleveland Press*, this was a challenge to employ his skill and his medium for the enlightenment of the public. To Dr. D. R. Sharpe, of the Cleveland Baptist Association, it was an imperative call to arouse the public conscience. Together and in complementary rôle, these men devoted themselves toward the softening of a thick social callus and the correction of a great inhumanity. Not discouraged by repeated meaningless gestures disguised as official investigation, they forced the appointment of a commission to redesign the whole state program.

Not only was the Cleveland State Hospital renovated and restored to a minimum status as a hospital, but a new central direction for the state was created and put into operation. Extensive funds were obtained from the legislature for needed improvements. Additional hospital space was gotten, and a permanent state society for mental hygiene, with Dr. Sharpe as president and wide citizen membership, was organized. Even more significant than to the mentally ill of Ohio is this demonstration of what two men can do in an unaroused state. Lerches and Sharpes surely exist in other states. Like action by similar men, firm and bold, will be the highest tribute paid to the gentlemen to whom this award is made."

In accepting the award, both Dr. Sharpe and Mr. Lerch stated that they were accepting it merely as representatives of the many people who had contributed to their effort and made their work successful. Special mention was made of the Cleveland Baptist Association for their backing of the work; of Mr. Justin Reese, Field Representative of The National Committee for Mental Hygiene; of Louis Selzer,

Managing Editor of the *Cleveland Press;* and of Mr. Albert Deutsch, of the newspaper *PM.*

Mr. Deutsch's work was recognized also by The National Committee for Mental Hygiene in an award of a certificate of honorable mention, with the following citation:

> "No newspaper writer is more clearly identified with the field of mental hygiene than is Albert Deutsch. His long preoccupation with the plight of the mentally ill, his reliance on first-hand information, and his perseverance, all turn his talent as a writer for *PM* to good account. Through him the public has learned of its negligence toward the sick in mind. He did not choose the less privileged states, which could be easily criticized in a lurid attack, but took the more difficult course of revealing shortcomings of some of the best state services in our country. His interpretation of weaknesses of medical care under the Veterans Administration contributed to the revitalization of that agency. This token of high regard is conferred with the hope that within the states will be found comparable leadership to return to him the fullest measure of social gain as the reward of his gallant effort."

The Lasker Award in Mental Hygiene has been given twice before. In 1944 it was given to Colonel William C. Menninger, M.C., Chief Consultant in Neuropsychiatry, Office of the Surgeon General, U. S. Army, for his contribution to the mental health of the men and women of the armed forces. In 1945 it was divided between Brigadier John Rawlings Rees, Consultant in Psychiatry to the Directorate of Psychiatry of the British Army, and Major General G. Brock Chisholm, Deputy Minister of National Health, Federal Department of National Health and Welfare, Canada, for their services in the field of rehabilitation.

BOOK REVIEWS

THE COMMON SENSE BOOK OF BABY AND CHILD CARE. By Benjamin Spock, M.D. New York: Duell, Sloan, and Pearce, 1946. 527 p.

Dr. Spock takes the modern pediatric position of adjusting care to differential rates of development of children; he is strongly against standardization. With emphasis on physical care during infancy, this book covers the widest variety of topics, from specific instructions concerning what to do for the premature child born away from hospital facilities, through detailed instructions on infants' and children's diets, to how to break the news (to a child) of an impending parental separation or divorce.

The style is easy and conversational, with a minimum of professional jargon. The few technical terms are quite adequately defined. The division into short, numbered sections enables the author to use cross references necessary to the unsystematic outline of the book. The index is quite complete. Pen-and-ink sketches serve to enliven the text rather than to instruct. The quite good first-aid section, in most manuals profusely illustrated, is here presented by words alone.

The author constantly remarks on the native "wisdom of the body." His basic philosophy is expressed in the opening paragraphs of his book: "Bringing up your child won't be a complicated job if you take it easy, trust your own instincts, and follow the directions that your doctor gives you."

The most useful position the parent can take is to try to understand and appreciate his child at the child's own level of development. In child-rearing, a friendly spirit is of more value than experience. The child is difficult to injure, physically or psychologically, except by deprivation of affection; a baby is not unreasonable and can be allowed considerable latitude in determining his own schedules. The most successful "training" will occur if the parent follows out the child's natural tendencies instead of attempting to impose adult expectations on the developing organism.

The book is obviously written for parents and not specialists; hence one need not criticize too sharply a certain carelessness with respect to theoretical issues. This reviewer feels constrained, however, to note that the instinct hypothesis is pushed a bit far in such statements as the following: "I suspect a strong sucking instinct runs in some families" (p. 137); "But when children show a universal craving for something, whether it's comics or candy or jazz, we've got to assume that it has a positive, constructive value for them"

(p. 314); "Some children are mouth-breathers because of habit (they seem to be born that way) and not because of obstruction" (p. 402).

In view of such statements, it is not surprising that the old recapitulation theory appears in full dress on page 145. Yet in spite of a rather enthusiastic acceptance of the maturational point of view, the author's insistence on the character of the good environment is very sound.

Much of the discussion in this book is based on experience and practical judgment rather than on systematic review of research. The positive statements of the author, reflecting the successful clinician, have practical advantages over the qualified and sometimes equivocal conclusions which a more strictly scientific attitude enjoins.

From the psychologist's viewpoint, the author's position suffers from lack of a clear-cut point of view toward learning. He is sometimes contradictory, as, for example, in his discussion of language development (pp. 156–58) which stresses accuracy as coming with "growth" (omitting the research-demonstrated importance of learning from parental linguistic example), but points out how a child learns to play its rôle as "cute" through the use of baby talk. Again, the author assumes confidently that the unfolding of the inner nature in intelligent or rational behavior will resist special environmental stimulation, yet expresses concern for the effect of the traditional school curriculum on the child's learning and character.

The exposition of behavior problems, their genesis, treatment, and prevention, is clear and technically sound, representing the viewpoint of the eclectic clinican and designed to allay the fears of worrisome or overconscientious parents. Although there is an excellent presentation of allergies, hives, eczema, and so on, there is no discussion of the habit problems that may develop along with serious cases. In his discussion of child worries around age two (pp. 282–84), Dr. Spock departs from his position of casualness to indicate that every fear, cry, worry, or protest is meaningful and should be investigated. Likewise, while he recognizes that jealousy occurs in most children as an item of development, Dr. Spock affirms that it is dangerous and offers suggestions for its control.

In writing of the perennial problem of thumb-sucking, Dr. Spock subscribes to the sucking-deprivation theory, and notes that the strength of the "sucking instinct" or "need for sucking" may vary considerably from infant to infant. No particular significance is attached to this variation; it is assumed to have a biological basis. On problems of feeding, sleep, self-help, enuresis, stealing, lying, the "spoiled" child, and the like, the author's position is that success is more a matter of a warm, assured parental attitude than of parental technique or "training."

The discussions of social development and play are rambling, but essentially sound and show the implications of each for healthy mental and personality development. Norms on self-help are accurate, and the presentation stresses the development of initiative without endangering security. The sections on positive discipline in child management (pp. 265–72) are especially good. On such problems as adoption, the working mother, the fatherless child, the handicapped child, brief, but good discussions show the factors involved.

There are critics who will not spare the popularization of technical knowledge because of the inevitable oversimplifications and partial truths. Dr. Spock has, however, successfully incorporated in very readable form the general consensus of modern opinion on child care. There are a few topics on which he takes a position not warranted by the available research. Among these topics are the character and peculiar hazards of the only child, the nature of anticipatory fears at age three or four, the cause of and cure for reversals in word perception in the reading process, the relation of handedness to stuttering, and others. The book is, however, to be highly commended for its readability and general soundness. Available as it is in the popular "Pocket Book" edition, it is readily accessible to all.

DALE B. HARRIS.

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CHILD PSYCHOLOGY AND DEVELOPMENT. By Louis P. Thorpe. New York: Ronald Press Company, 1946. 781 p.

In his preface, Professor Thorpe describes his book as "a text suitable for use in courses in departments of psychology and in schools and departments of education where applications are frequently made to formal schooling." He adds in a later paragraph, "In addition to its formal classroom use, this book should be useful to psychologists and teachers-in-service, school administrators and supervisors, nurses and social workers, ... as a practical guide for parents who desire to rear their children in the light of modern knowledge and as a handbook for parent-teacher associations and other child study groups."

The preparation of a book designed to meet the needs of so heterogeneous an audience is indeed an ambitious project which the author seems to have approached by the somewhat Procrustean method of assuming an adaptation on the part of his readers to the kind of material that he has to offer and to the manner in which he presents it. The style is prolix, with many long and involved quotations included in the running text that in most cases appear to serve no purpose other than that of adding some possible weight of authority to what has previously been said. The content consists chiefly of

brief abstracts of a large number of experimental studies loosely woven together and not always accurately reported. References to these studies are given in footnotes. The graduate student who is attempting to "work up the literature" on one or more of the specific topics that Thorpe discusses may perhaps find these citations useful.

As a textbook for undergraduates, or for groups of little technical training, I doubt that the book would have much appeal. Moreover, the many erroneous statements, some of which seem to have arisen from careless writing while others suggest a basic lack of understanding of the principles involved, set limits to the extent to which the book can be recommended to those unqualified to detect its inaccuracies. A few examples may be cited.

On page 61 it is stated that "nearsightedness, baldness, and other defects are confined to the male sex." The reference to nearsightedness may well be careless writing, since in a preceding paragraph a similar statement is qualified by specifying that "forms of myopia and nystagmus" come under this head. Since the term, *myopia*, is not defined until page 300, it is highly probable that many persons unacquainted with medical terms will be amazed and puzzled (in view of common experience) by the dogmatic assertion quoted.

However, it is clear that the author has not grasped the genetic principles underlying the transmission of sex-linked characteristics. He devotes several pages to the topic without succeeding in clarifying it and eventually comes out with the pronouncement (p. 60) that "those affected are always males (except in the case of color-blindness)." He makes no attempt to explain why color-blindness should be an exception to the rule (which of course it is not), and is apparently unaware of the fact that in the rather unlikely event of an affected male mating with the apparently normal daughter of an affected father, half the daughters as well as all the sons will be affected, while in the still more unlikely instance of a mating between two affected persons, all the offspring, regardless of sex, will be affected. Baldness, moreover, is not a sex-linked, but a sex-limited characteristic; the genes responsible for its appearance are not carried in the x-chromosome and the factors determining its appearance are quite different from those of the remainder of the group with which it is classified by Thorpe.

On p. 71 he states that "infectious diseases, particularly syphilis, frequently attack the nervous system [of the unborn child] and may result in congenital weakness or instability." Schwesinger is cited as authority for this curious statement, but reference to the indicated pages of her *Heredity and Environment* reveals only the correct statement that syphilis may be acquired *in utero*. In such a case the result is syphilis.

On page 82 Thorpe speaks repeatedly of the process of myelinization of the neurons as "a point of view" or a "theory." Although to the initiated reader it is fairly apparent that he has in mind the fact that neither the exact function of the myelin sheath nor the factors influencing its growth are completely known, his discussion may easily mislead those previously uninformed on the subject.

On page 90 Thorndike is quoted, but without citation, as having said that the greater resemblances that some investigators are said to have found between fraternal twins as compared to ordinary siblings is due to heredity. I should be glad to know the source from which Thorndike's alleged statement was taken.

It is unnecessary to multiply examples of this kind, but it may be well to point out certain other characteristics that interfere with the value of the book as a text for those without considerable previous knowledge in the field. There is no glossary and technical terms are introduced freely with little or no explanation in connections in which a knowledge of their meaning is essential for understanding. There are many instances of carelessness in the use of terms which in some cases may lead to wholly false impressions. For example, on p. 52 Thorpe speaks of "neutralizing" genes; on p. 129 he states that the gonads "secrete" the germ cells; on p. 230 he speaks of "over-acceptance" of the child when he is apparently referring to overprotection.

Many of the graphs lack adequate explanatory notes. The broom-shaped figure on page 647, for example, is wholly unenlightening to me. At its face value it would appear to suggest that infants exhibit a wide range of behavioral responses, most of which are undesirable, while adults show only a few, practically all of which are desirable, but I doubt that this is the idea which the author intended to convey. The caption reads, *The Genetic Development of Trait Consistency*, from which I assume that the figure is intended to present a diagrammatic representation of the fact that, with advancing age, individual behavior becomes somewhat more stereotyped and more closely organized into recognizable patterns, but none of the persons to whom I have shown this figure has been able to relate this—or any other reasonable idea—to the diagram.

All this may seem like harsh criticism. Nevertheless, I believe that a protest may well be raised against the practice, unfortunately becoming all too common, of preparing books by the scrap-bag method or, if you like, the regurgitation method, in which indiscriminate notes of poorly assimilated articles are roughly sorted as to topic, cemented together by means of a few trite comments, and presto, there's a book. The result may give a superficial appearance of erudition, but genuine scholarship is more than busy-work.

Page 315 has apparently been transposed from some other book, since the content does not coincide with the material immediately preceding and following it and, although the pages are numbered consecutively, the running head is unlike that of any other page in the volume. Apart from this, the format of the book is for the most part good. The type is clear and the paper is opaque and free from glare. The many half-tones and line drawings add a good deal to the book's attractiveness, and the arrangement of the pages is well planned.

FLORENCE L. GOODENOUGH.

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THE PSYCHOANALYTIC STUDY OF THE CHILD. An Annual. Volume I. New York: International University Press, 1945. 423 p.

This first volume of *The Psychoanalytic Study of the Child* is an excellent start for this new annual. It contains twenty papers, grouped under five main headings. In addition, there is a section called *Surveys and Comments,* in which Bertram Lewin reviews *Balinese Character,* by Margaret Mead and Gregory Bateson; Katherine Wolf reviews the literature on evacuation of children during the war, giving an extensive bibliography, and also presents a critique of Pichon's *Le Development Psychologique de L'Enfant et de L'Adolescent;* Lillian Malcove summarizes the important research on development during infancy and childhood that has been conducted by Dr. Margaret Fries; and Lawrence Kubie reports briefly on Margaret Ribble's *The Rights of Infants.*

The whole book will be of interest not only to child analysts, but also to those working in many other fields, such as child guidance, child psychiatry, clinical and child psychology, social work, group work, and so on. All the papers are of uniformly high quality and deserve special comment; hence it is regrettable that this justice cannot be done to them within the scope of a single review. Obviously, it will be impossible to consider each contribution separately, and there can only be a selection of some for individual report. However, these samplings cannot be chosen on the basis of comparative merit, when the whole level is so qualitatively excellent. Since this review is for a journal that is read by many professions besides the psychoanalytic one, the logical choice falls upon papers that are likely to be most meaningful for this wider audience.

The first five papers—under the general heading, *Genetic Problems*—are largely theoretical in nature and, therefore, may be of greatest interest to analysts, child psychiatrists, and child psychologists. Certainly, Hartmann and Kris, in *The Genetic Approach*

in Psychoanalysis, have a good deal to say that should be of value not only to analysts, but to psychologists engaged in experimental research to test psychoanalytic theories of research in child development.

Glover's criticisms of Melanie Klein's theories need to be considered by both analysts and child psychiatrists who are already familiar with Klein's work, for such an appraisal of her hypotheses has long been desirable.

Rene Spitz's *Hospitalism,* besides containing theoretical material that analysts, psychiatrists, and psychologists will wish to read, has practical implications that should make it required reading for social workers in children's agencies and personnel in institutions for children. Briefly, Dr. Spitz contrasts the effects of intensified maternal love with the effects of lack of real maternal care on development during the first year of life, using data gathered on infants in two types of institution—one in which the mothers remain with their babies for the first year, the other in which nursing care is provided for babies who are separated from their mothers. The different rates of development for the two groups of infants are indeed striking, although the fact that those under the mother's care develop more rapidly might perhaps have been anticipated.

The next two sets of papers, nine in all—under the headings of *Problems in Child Analysis and Child Development,* and *Guidance Work*—are as valuable for those engaged in psychotherapy with children—for example, in child-guidance clinics—as for child analysts. While Anna Freud's *Indications for Child Analysis* probably was intended primarily for child analysts, it will be eagerly read by others, because her work has had more influence than Melanie Klein's on psychotherapeutic work with children in this country. Although Miss Freud discusses some of the controversial points of technique in child analysis, she does so only briefly, assuming familiarity with her previous writings on this subject on the part of the reader. She states her opinion that children cannot be analyzed before the age of two or three, because of the necessity that the child be far enough advanced in speech development for verbal communication between him and the analyst. Miss Freud also gives her opinion that analysis should not be advised indiscriminately for all kinds of growth problems of children, but should be restricted in its application to children suffering from severe neuroses. All of her viewpoints will undoubtedly be regarded as exceedingly sound, except possibly by ardent followers of Melanie Klein.

Miss Freud is practical in recognizing that at present the selection of cases for analysis cannot entirely depend upon professional judgment of the severity of the child's condition, since the very neurotic

child may be deprived of analytic help if the parents decide against it, while less seriously disturbed children may be analyzed because the parents wish it. Anna Freud hopes that some time parents generally will be interested in professional consultation regarding their children's development. When this time comes, she believes that there can be a better choice of cases in which child analysis is the preferential approach. A large part of her paper considers criteria for determining when analysis would be indicated, with emphasis upon how much interference with normal development and maturation processes seems likely to result from the neurotic condition, rather than upon the neurotic symptoms *per se*.

Berta Bornstein's *Clinical Notes on Child Analysis* has applications to therapy with children other than analytic therapy, especially the exposition of when and how to use interpretation and other technical points illustrated by the case material. Of the same general interest is Emmy Sylvester's case report of a four-year-old child with severe illness symptoms (psychogenic anorexia, vomiting, infantile speech, withdrawn attitude, and so on) and her theoretical formulations of the problem. Kate Friedlander utilizes the case of one boy whose character traits were typical of the delinquent, and the case of another boy of the same age who was free from delinquent tendencies, to show how the difference between them in this respect was dependent upon their differences in ego and super-ego formation rather than upon their problems in instinctual development, the latter being very similar.

The account, by Pavenstedt and Andersen, of a three-year-old child's reactions to separation from her mother should be recommended for reading by social workers in placement agencies and institutions as well as by those doing psychotherapeutic work with children. The former may acquire more understanding of what it means to a child to lose a mother; the latter will be intrigued by the sometimes unorthodox methods devised to help this child with her difficulties in adjustment.

In some papers in this book, as well as elsewhere in the literature, the need to find a substitute for dream analysis in work with children is emphasized. In contrast, Lippman devotes a whole paper to describing his own very skillful methods of eliciting reports of dreams from children and working with them partly through this medium. The techniques seem convincingly easy as one reads the paper, but may be less so when tried in actual practice, if the present reviewer's experience is any indication.

Klein's paper, *Reluctance to Go to School*, considers children who manifest this reluctance in anxiety and physical symptoms and those who express it more aggressively through truancy, and so on. There

are a variety of case illustrations, with excellent discussions of the cases and of this problem. From Klein's material, school counselors should get clues for selecting children to refer for professional help, as well as some idea concerning when to refer them. Needless to say, all those engaged in clinical work with children whose problems center around school attendance will find Dr. Klein's contribution well worth reading.

The three papers grouped under the heading, *Problems of Education,* are of a somewhat technical and theoretical nature. This probably should be noted, for otherwise the titles might mislead teachers into expecting them to be written in more popular, non-technical style. They should interest educators, to be sure, but perhaps chiefly that group of educators with considerable psychoanalytic training or background, which probably would be necessary for full appreciation of the discussions. It is the reviewer's impression that these papers would be useful not only for analysts and psychoanalytically oriented educators, but also for sociologists and psychologists interested in the field of child development. The last two professional groups will be readers, too, of Erikson's *Childhood and Tradition in Two American Indian Tribes,* the first paper under the heading, *Problems of Group Life.*

The last two papers under the above heading will have a wide audience, including those who are using either individual or group therapy with children and adolescents. These are Edith Buxbaum's *Transference and Group Formation in Children and Adolescents* and Fritz Redl's *The Psychology of Gang Formation and the Treatment of Juvenile Delinquents.* Both of these papers are thoughtful and obviously grew out of long experience; both are important contributions to group psychology or the psychology of the gang. As such, no summary of their content will be given here, for they should be read *in toto.* The reviewer hopes that this will also be the fate of the other papers in this volume, and that just enough has been said of some of them to whet the curiosity of any one glancing at the review to a point where only reading the original writings will satisfy it.

PHYLLIS BLANCHARD.

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DO YOU KNOW YOUR DAUGHTER? By Alice Barr Grayson. New York: D. Appleton-Century Company, 1944. 306 p.

This little book is unique in its approach to the problems of adolescence. It is a source book drawn from the letters of thousands of young daughters between the ages of eight and eighteen. The letters used are from the ten-to-seventeen-year-olds—and are quoted

just as they were written, although, of course, names and localities have been changed. The letters are addressed to Mrs. Alice Barr Grayson, editor of the "Let's Talk It Over" department in the magazine, *Calling All Girls.*

They show a surprising uniformity as to the types of problem presented—the longing for some one to confide in, the longing to grow up, the wish to be free, the desire to be like other girls, the need for information as to how to be a "girl friend" and as to girl-boy relationships, the need for sex education, the need for security in the family, home and school relationships, and the longing "to do something big."

The interpretations and discussions called forth by these letters are rich in suggestions and revelations for parents. Her warm human understanding and sympathy both for parents and for their daughters enables the author to build a bridge, so to speak, between the adult and the adolescent worlds.

The book should interest teen-age girls, who may be surprised to find themselves so much like all other girls, and it will be invaluable to mothers—and fathers, too—in giving them glimpses of themselves as seen by their children.

The author, whose real name is Jean Schick Grossman, is well known as an authority in her field.

JULIA MATHEWS.

Child Guidance Clinic of Los Angeles.

MODERN TRENDS IN CHILD PSYCHIATRY. Edited by Nolan D. C. Lewis, M.D., and Bernard L. Pacella, M.D. New York: International Universities Press, 1945. 341 p.

This book presents a series of lectures given in the years 1943–44 at the New York State Psychiatric Institute and Hospital by a group of authorities.

In the preface Drs. Lewis and Pacella state: "The selection of topics is more or less confined to those areas of child psychiatry in which investigations and observations have opened up new perspectives." Since neither the title nor the preface makes any claim that the book is all-inclusive, no one can complain of the fact that some features of modern child guidance are slighted and others overemphasized.

As is almost always the case in such a compilation, there is some unevenness in the various papers. The average level, however, is unusually high, and the book is decidedly worth reading and owning for further reference. The fact that it gathers between the covers of a single volume widely varying points of view and approaches to problems in child behavior makes it a very valuable stimulant to

all of us who tend to settle down into the ruts of our own clinical routine.

It is, however, a book for the practitioner and not for the layman, because of its lack of continuity, integration, and balance.

TEMPLE BURLING.

Child Guidance Clinic, Providence, Rhode Island.

JUVENILE DELINQUENCY AND THE SCHOOL. By William C. Kvaraceus. Yonkers, N. Y.: World Book Company, 1945. 337 p.

We are used to seeing the blame for juvenile delinquency shifted from parents to school to church to law-enforcement agencies, in veritable "buck-passing" fashion. It is refreshing, under the circumstances, to find an educator squarely acknowledging the responsibility of the school in the matter of the prevention and control of juvenile delinquency.

Such a man is William C. Kvaraceus, now assistant professor of education at Boston University. His book, *Juenile Delinquency and the School,* was presented as a doctorate dissertation at Harvard University. It is largely based upon his experiences with the Children's Bureau of Passaic, New Jersey, of which he formerly was director.

This bureau, which was organized in 1937 and which has become an integral part of the Passaic school system, is a rather unique attempt to cope with juvenile delinquency "apart from the atmosphere of the police station and the criminal courts." The author describes its function as follows:

> "It investigates all cases involving misconduct or bothersome behavior on the part of children, whether they arise within or without the school's jurisdiction; it oversees attendance and guidance services in the individual schools; it arranges psychiatric, psychological, and other clinical studies; it provides social treatment for children in need of guidance and direction of an intensive nature, except where institutional care or severance of family ties may be indicated; all complaints involving children received by the Passaic police department are referred to the Bureau; children apprehended by the police are referred to the Bureau for study and treatment."

The bureau's staff consists of the director (with the title of assistant superintendent of schools in charge of guidance, research, and curriculum), a psychologist, a psychiatric social worker, two attendance officers, four police officers, including one policewoman, and clerical workers.

After an account of the community setting, such as data on population, government, industries and occupations, housing, schools, churches and welfare facilities in Passaic, and a description of the

organization and structure of the Passaic Children's Bureau, Dr. Kvaraceus devotes one chapter to an analysis of the first 761 cases handled by the bureau during the first three years of its existence. This study revealed that about 57 per cent of the cases were directly or indirectly referred by the police, while the remainder were brought to the bureau's attention by schools, social and recreational agencies, parents, and other individuals. Girls accounted for 25 per cent of the cases; this is a definitely larger percentage of girls than is usually found in statistics based on juvenile-court data, where it is about 15 per cent. The author ascribes this to the fact that the generally observed desire to save, if possible, the girl from being referred to police and court does not prevent her reference to the children's bureau, with its less formalistic and less authoritarian setting. In this, the author sees the bureau's greatest value—namely, that it "receives children when they are still non-delinquent, though maladjusted," before any overt delinquency occurs.

Consequently, since the Passaic Children's Bureau deals with a broader segment of maladjusted children than other juvenile-welfare agencies, its cases lend themselves very well as study material for what the author calls "the quest for causes" of delinquent behavior. Almost one-half of the book is devoted to this investigation. It includes chapters on "Prenatal and Early Developmental Influences," "The Family and Its Influences," "Factors Associated with Social and Economic Status," "The Community and Character Training," and "The Personality of the Child Himself."

In one of the chapters (XII) on "Frustrating Factors in the School," the author does not hesitate to state "that rebellion against frustration and dissatisfactions arising out of school experience is a primary etiological factor in juvenile delinquency." A few significant findings in this particular connection may be quoted here: "Almost all delinquents repeat one or more grades; delinquents, almost without exception, receive very low marks; a third of the delinquents were known to have been truant prior to their referral for some misdemeanor; two-thirds of the delinquents expressed a marked dislike for school; about three-fourths were found to have moved and transferred from one school to another at least on one occasion."

It is only logical, therefore, that Dr. Kvaraceus, in a later chapter of his book, stresses the strategic position of the school in the community for the prevention and control of delinquent behavior. He develops a school program that is more democratic, more child-centered, and less subject-matter-centered, a program that includes efficient and skilled guidance and counseling services, and (this should be of particular interest to readers of this magazine) an in-service training program for teachers that emphasizes "an

improved mental-hygiene approach to problems of classroom behavior." Again and again, the author repeats that "many delinquencies are the result of frustrations and thwartings of primary urges and needs, resulting in aggressive behavior."

Of course, he realizes that neither the school system nor such agencies within the school system as the Passaic Children's Bureau can do the job single-handed. The book describes the various agencies charged with delinquency control, such as the police, juvenile courts and their probation departments, institutions, and welfare and recreational agencies, and recognizes their proper places in the field of the prevention and treatment of juvenile delinquency. It mentions, too, the work of the two types of mental-hygiene clinic in New Jersey—(1) clinics that deal with the special problems of delinquent and pre-delinquent children exclusively *(e.g.,* the Essex County Juvenile Clinic); and (2) clinics that, under the auspices of the three state mental hospitals, assign psychologists, psychiatrists, and social workers to regularly scheduled visits in the communities throughout the state and thus are primarily concerned with serving the general public through the early diagnosis and prevention of mental diseases. The Passaic Children's Bureau, so the author states, could not have carried on its activities without the help of the Northern New Jersey Mental Hygiene Clinic.

All community forces should be organized and utilized in a coördinated effort to deal with delinquency, the final chapter urges. Lay participation through neighborhood councils, parent-teacher associations, and councils of social agencies is needed. But the leadership is assigned by the author to the school, and more particularly, as in the Passaic setting, to the children's bureau within the school system. It is only fair to note that the author himself—obviously anticipating certain objections, particularly from large urban centers—limits the possibilities of such a program as that conducted in Passaic (with a population of 60,000) to the "typical middle-sized American city." With this modification, the study is a very worth-while undertaking, as a discussion of principles and an appraisal of methods as well as a description of a practical experiment.

Besides numerous statistical tables and graphs, reproductions of reference blanks, face sheets, index cards, and record outlines (as used by the children's bureau), the book also contains several case histories as illustrations and a most comprehensive bibliography of about 160 publications in the field.

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INTELLIGENCE AND ITS DEVIATIONS. By Mandel Sherman. New York: Ronald Press Company, 1945. 286 p.

The aim of this volume, as stated in the preface, is to correlate the essential medical, psychological, and social data on the subject of intelligence. It is specifically designed as a text for two groups—for students in departments of psychology, and for pediatricians and students in schools of medicine.

The volume has many limitations. The correlation of medical, psychological, and social data consists mainly in a thorough scrambling of subject matter. Thus, Chapter I is concerned with the nature of intelligence, but the discussion of mental tests is deferred to Chapter XII. Discussions of brain structure, physical growth, nutrition, and of endocrine, neurological, and sensory factors constitute most of Chapter III; Chapter VIII is concerned with specific brain pathologies; and sandwiched between these are chapters on environment, delinquency, the psychoses, and mental deficiency. Chapters VII to XI, concerned with the classification of mental deficiencies and with their causes in brain pathology, epilepsy, mongolism, and cretinism, form a logical unit. However, these are followed by Chapter XII on mental tests, and by Chapter XIII on the adjustment of the mentally defective. The physical characteristics and the typical psychoses of mental defectives are treated respectively in Chapters III and VI. "Environment and Intelligence" is the subject of Chapter IV; "Some Genetic Problems" the subject of Chapter XIV. Both discuss the nature-nurture problem, both discuss the evidence from studies of twins, both cite Thorndike's 1905 publication. The influence of environmental factors on the constancy of the I.Q. is treated in Chapter II. Chapters V, VI, and VII discuss the delinquent, the psychotic, and the mentally deficient; Chapter XV discusses the intellectually superior. The content of some of the individual chapters—for example, Chapter I—is as poorly organized as is the volume as a whole.

A major disorganizing factor is the attempt to address, in a single text, two such diverse groups as students in departments of psychology and in schools of medicine. Thus, the central medical chapters, presumably written for elementary psychology students, are much too thin for medical students. On the other hand, the chapters on mental growth and mental testing, after being written down for medical students, are too thin for elementary-psychology students. Considering the announced functions of the volume, the treatment of prematures and of birth injuries is too superficial for both groups. The epileptic, the mongol, the cretin receive extended treatment in separate chapters, but other conditions important for intellectual

development and of joint concern to pediatricians and psychologists—blindness, for example—are neglected.

The volume is lacking in one of the essentials of a good text—namely, a uniform level of difficulty. The literature cited centers in the early or middle thirties; that published since 1939 is almost completely ignored. While the author cites literature pro and con on a great many uncertain or controversial issues, he rarely attempts an evaluation or draws any conclusions. However, a discussion of the relative merits of cross-sectional and longitudinal methods for the study of growth is concluded with the remarkable statement that a cross-sectional study is "merely another way of making a longitudinal study." The few photographs illustrating hydrocephalus, congenital lues, Fröhlich's disease, mongolism, and cretinism are satisfactory, but no discrimination was exercised in the selection of the ten charts or line drawings.

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PSYCHOLOGY, PRINCIPLES AND APPLICATIONS. By T. L. Engle. Yonkers-on-Hudson, New York: World Book Company, 1945. 549 p.

In recent years, there has been a growing interest in the introduction of psychology courses into the high-school and junior-college curricula. Because most of the textbooks in general psychology have been written for college students, they were too difficult for the high-school level. To meet the need for a text suitable in difficulty and interest for this new group of students, several textbooks for high-school and junior-college courses in general psychology have recently made their appearance. The newest of these is the book by T. L. Engle, of the Extension Division of Indiana University.

Because of his experience in teaching psychology for a number of years in high-school courses, Dr. Engle is thoroughly familiar with the interests and mental abilities of students of that educational level. He has made good use of this knowledge in writing and illustrating his book. Whenever possible, he has substituted simple, everyday words for the technical ones generally used in psychological texts. If it is necessary to use scientific terms, he explains their meanings so that they can be readily understood by the reader. Furthermore, he drives home difficult material with interesting examples so that abstract principles soon become concrete realities for the reader.

To arouse the student's interest in psychology, Dr. Engle presents in the first part of his book topics that are certain to hold the reader's

attention. After introducing the reader to the science of psychology, he then turns his attention to such interest-provoking subjects as personality, friendship and love, popularity and leadership, intelligence, techniques for improving learning, heredity and environment. All of these subjects are closely enough related to the reader's previous knowledge and interests to be certain to satisfy his curiosity for further information and for clarification of problems which he himself was not able to solve.

It is regrettable that Chapter 2, *Preparing to Read Psychology,* was introduced into this early section. It deals primarily with the interpretation of statistics, the need for which cannot be fully comprehended by beginners. Furthermore, it is apt to be regarded as "dry as dust," and, as such, it dampens the reader's ardor to go on to the more interesting material that follows. While it is true that sooner or later every student of psychology must know how to read and interpret psychological data as presented in statistical forms, it is questionable whether it is necessary to force this upon him until he actually needs it and certainly not in the large doses given in Chapter 2.

In the middle of the book, Dr. Engle presents some of the topics of a conventional textbook in general psychology which are usually found somewhat dull by beginners. These topics relate to the functioning of our bodies, including the nervous system, the muscles and glands, the different senses and observation. The topic of emotions, unfortunately, is skimmed over very superficially in eight pages, though a longer section is given to the explanation of some of the practical effects of emotional experiences.

The textbook ends with five chapters that should have a definite appeal to the high-school student. These chapters deal with the topics of unusual personalities, mental hygiene, social problems and attitudes, vocational efficiency, and several "mysterious" matters, such as "mind reading," the "unconscious mind," and dreams. They are all presented in a semi-popular way, so that their appeal to the student is not dampened by the use of too many technical terms.

One of the most important things to note in this book is the type of illustration used. Instead of drawing upon scientific literature for curves and graphs, as most textbooks in general psychology do, Dr. Engle has gathered his illustrations from sources primarily outside the scientific field. His pictures are mostly of people in action and they are very aptly selected. Furthermore, they are interesting enough to arouse the reader's desire to go further and find out from the text more about them. And, unlike most textbooks, Dr. Engle's book is profusely illustrated. There are 154 pictures scattered

through the 549 pages of the book, a far higher ratio than one generally finds in a textbook.

Instead of presenting psychological principles as abstract facts, Dr. Engle has taken advantage of every possible opportunity to show his readers how these scientific facts can be applied to their own lives and to their own personal problems. He aims to "develop what is best in their personalities," to "use leisure time worthily," to "realize more fully their latent capacities," to "select their life vocations wisely," to "be worthy members of their present homes and of the homes they will probably establish within a few years," and to "prepare effectively to undertake their responsibilities as citizens in a democracy." If, in studying this book, the student achieves only a few of these aims, he will have gained more personal benefit from it than the average student gets from a textbook when his prime interest in it is to pass his examinations with as high a grade as possible.

ELIZABETH B. HURLOCK.

Columbia University.

CONSCIENCE AND SOCIETY—A STUDY OF THE PSYCHOLOGICAL PREREQUISITES OF LAW AND ORDER. By Ranyard West. New York: Emerson Books, 1945. 261 p.

An English physician of the mind sees hope for a saner world order in uniting the knowledge of the modern psychologist with that of the lawyer and of the political philosopher. That is, the problem of preventing further outbursts of aggressiveness is a matter of understanding the place and the significance of the impulses in the individual out of which the evil erupts, the ways in which law can supplement moral control, and the principles and methods of social organization needed to make the will to peace effective.

As a psychologist, Dr. West is struck by the fact that most people detest war and fear it, but accept it and glorify it when it comes, and then loathe and renounce it. This parallel with other conflicts in the individual life is challenging. Hence the author, while he presents able analyses of the various historic proposals for peace and order, devotes himself chiefly to those essentials of the well-governed society which are psychologic.

If the heart of the trouble is anywhere, it is in the unexpected aggressive responses of people who are normally peace-loving. The greatest tyrants are these emotions of our own, wayward and irrational. Direct self-control is difficult. It is not our consciences that are at fault. Most people (at least so they tell themselves) would rather do right than wrong. The pity is, however, that the sub-

conscious life—especially as it breaks out into acts of aggression—has not yet been sufficiently controlled because it has not yet been sufficiently understood.

Among the things that do seem to be fairly established Dr. West gives these:

> "In the ordinary individual we find the cardinal characteristics of aggressive violence to be (1) that it is a well-nigh universal potentiality, (2) that it is spasmodically excited, often by means unaccountable to the individual himself, (3) that it is generally unacceptable to (and tends to be repudiated or forgotten by) the social self of the individual, (4) that it requires at bottom external force for its control" (p. 112).

> "What of the aggressive side of loyalty, the hostility of man to the foes of his group? Apart from aggressive leadership and the stirrings of obsessional hatred, the aggressiveness of one group which manifests itself against another group arises essentially from simple misunderstandings. (1) Misunderstanding its human frailties because of his idealization of it, man gives unquestioning assent to an assumption that his group is always in the right. (2) Misunderstanding its own selfish, acquisitive, and aggressive qualities, because it does not wish to admit, or even on the whole to possess them, the group tends to invade the interests of other groups. (3) Misunderstanding the conscious motives of other groups through prejudice and suspicion, and an instinctive awareness of some of their unconscious motives, the group meets the clumsy self-righteous claims of others with a violent resistance which in its turn awakens a 'persecution mania' and further counter-aggressiveness. Upon these rising tides of misunderstanding, thwarting, and rage, play the influences of our minorities—the frankly aggressive to wrest power, the dishonest to betray, and the obsessional to stir early hatreds to fever point by virtue of their own peculiar and deeper misunderstandings of life itself" (p. 227).

> "But the aggressive hostilities of men are naturally as evanescent as are their loyalties. We must, therefore, try to attach sufficient of the loyalty of man to a unit which can control his group—as well as his individual—aggressiveness. By giving him real material security we shall remove all real cause for group hostilities. But that is not enough. Only by abolishing power units which can cross the paths of other power units shall we detach the loyalty of normal man from a point of danger where it can breed dangerous hostility" (p. 228).

Dr. West, therefore, proposes the establishing of a World Community. ("Agreement with friends turns a nation into an alliance, but agreement with enemies is needed to turn the world into a community.") Nations are to bind themselves to submit all differences to this larger group. The laws of this world-state must be backed by power to enforce them. The chief business of every educative agency is to put individual consciences behind such law and to keep them ever freshly enlightened with all the help that economist, politician, psychologist can suggest.

Aware how greatly psychology has increased its claim to be called a science, the author for that very reason is no less conscious of the many points at which our knowledge fails. Freud, for example, made an important contribution in employing depth psychology. He was right when he pictured the "surge of sadism which comes from the individual when he thus not only becomes conscience-free to hate and destroy, but receives a benediction in destruction from the one authority which can normally restrain him, his society."

At the same time, Dr. West holds, Freud was not interested enough in the psychology of loyalty. Powerful and common as hate and aggression are, nevertheless impulses to coöperation and obedience are just as natural and basic. Further understanding, therefore, of how the aggressive urges are related emotionally and intellectually to the social is much needed. This advance will not be monopolized by any one sect among the psychologists. "We shall best understand human nature," says Dr. West, "by collecting and not by selecting."

HENRY NEUMANN.

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ALCOHOL, SCIENCE AND SOCIETY. (Twenty-nine lectures with discussions, as given at the Yale Summer School of Alcohol Studies.) New Haven: *Quarterly Journal of Studies on Alcohol,* 1945. 473 p.

Books on alcohol problems seem to be perennial. Regardless of how often the various aspects of the effects of alcohol on man have been discussed, regardless of the many volumes on the liquor traffic that have been published, there still arise new discussions that demand their day in the sun. The lectures before us constitute an interesting volume, and for readers unfamiliar with alcohol problems, they furnish a vast amount of information, together with a wide diversity of views.

The twenty-nine lectures included in the book were presented at the Yale Summer School of Alcohol Studies in 1944. After each lecture the students of the school were permitted to ask questions or to discuss briefly the material presented by the lecturer. The lectures vary widely in scope and significance. A few of them are based on researches made by the lecturer. Some are largely matters of opinion, and others are compilations of historical and propaganda material.

Dr. E. M. Jellinek, Professor of Applied Physiology in Yale University, and Director of the Summer School of Alcohol Studies, served as chairman of the meetings at which the lectures were given. He also made valuable contributions to the discussions.

It is, of course, impossible for the reviewer to evaluate each of the twenty-nine essays in the volume. He finds the following lectures of exceptional interest and value: *Alcohol and Nutrition; the Diseases of Chronic Alcoholism,* by Norman Jolliffe; *Philosophy of the Temperance Movement,* a panel discussion by Harry S. Warner, Rev. Francis W. McPeek, and E. M. Jellinek; *Controlled Consumption of Alcoholic Beverages,* by Edward G. Baird; and *Legal Aspects of Prohibition,* by Edward B. Dunford.

Most of the material in the other lectures has been repeatedly covered by previous writers. These lectures are not without value, however, and will be read with interest by any one who wishes to become familiar with present-day thought on alcohol problems.

Attention is called to Lecture 15—*Some Economic Aspects of Inebriety,* by Benjamin Y. Landis. The writer states: "The expenditures involved in inebriety . . . have been the subject of much guessing, but of little systematic estimation." He then proceeds to set forth his own estimates, which in the main are little more than guesses. He states that he takes as the basis for his study the estimate of Haggard and Jellinek that of 44,000,000 users of alcoholic beverages, there were approximately 2,400,000 excessive drinkers in the United States in 1940, and of these about 600,000 were chronic alcoholics. However, in Lecture 2, on page 23, Jellinek states, without giving dates, that there are 50,000,000 users of alcoholic beverages in the United States; of these 3,000,000 become excessive drinkers; and of these 750,000 become alcoholics. It is evident that the figures in both cases are unsubstantiated guesses.

The author of Lecture 15 then proceeds to estimate the cost of alcoholics in mental hospitals. In arriving at such costs, he states that the annual per-patient cost in state hospitals is $361.50; in veterans' city and county hospitals, $469.00; and in private hospitals, $2,600.00. Apparently, in making these estimates of cost, he did not take into consideration the interest and depreciation on hospital plants, or the cost of general administration.

In computing the cost of crime due to the excessive use of alcoholic beverages, Landis bases his calculations on the results of a study, made by Banay, of 1,576 first admissions to Sing Sing Prison in 1938–39, and 1,559 in 1930–40. From his studies, Banay concluded that, in 25 per cent of the total offenders, alcoholism was closely related to the commission of the crime, or was directly responsible for it. From a review of Banay's figures, Landis states that the percentage should be 22 instead of 25. Then Landis makes a further reduction of 2.5 per cent in the percentage for the fact that the inebriates to that extent might be expected to share in

crime even in the absence of inebriety. He then concludes that $188,650,000.00, or 19.6 per cent, of the total crime cost of $962,500,000.00, could be properly charged to inebriety. No attempt is made to show that the persons admitted to Sing Sing Prison are typical or a fair sample of all criminals.

In calculating potential wage losses because of inebriety, Landis piles one estimate on another and reaches the conclusion that the potential wage loss in 1940 was $442,960,000.00, but he subtracts from this 2.5 per cent for correction for probable duplications, leaving a net total of $431,886,000.00. Why he uses 2.5 per cent is not explained. He fails to take into account the enormous losses due to the incapacitation and shortened life of excessive drinkers.

In the latter part of the lecture, Landis discusses the consumption, manufacture, and distribution of alcoholic beverages, and reaches the conclusion that the cost of alcoholic beverages manufactured in the United States in 1940 was $722,561,399.00. He estimates that the consuming public paid $3,595,000,000.00 for such beverages. He makes no attempt to estimate or even to guess the value of alcoholic beverages to the consuming public. Apparently no gains could be estimated, although the author does enumerate the taxes paid by the liquor traffic.

It is regrettable that accurate statistics pertaining to the effects of inebriety are not available. In the absence of such statistics, guesses will continue to be made, and the reader will be left to judge how nearly the guesses approximate the truth.

Several of the lectures deal with the treatment of alcoholics. Some of the methods of treatment discussed are: penal handling, social case-work, pastoral counseling, medical treatment, and the fellowship of Alcoholics Anonymous. The various chapters set forth more or less effectual means of reclaiming drunkards who are unable to reform by themselves.

The magnitude and diversity of the problems of alcohol will continue to demand the attention of students for many years to come. Thus far it appears that science, religion, education, and law have been ineffective in freeing society from the evils of the liquor traffic. Perhaps further enlightenment will help. Evidently those who maintain the Yale School of Alcohol Studies think so.

HORATIO M. POLLOCK.

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NOTES AND COMMENTS

PRICE OF MENTAL HYGIENE RAISED

In October, 1946, MENTAL HYGIENE completed thirty years of uninterrupted publication and, notwithstanding many increases in production costs, its price has remained the same for twenty-two years—a record that few, if any, scientific journals can match. Recent advances in costs have been so heavy, however, that the Committee now considers it necessary to raise the price of the quarterly. Hereafter, the yearly subscription rate will be $5.00 and the price of a single copy $1.25.

Thirty-seventh Annual Meeting of The National Committee for Mental Hygiene

Following the custom adopted in 1944 and 1945, the Thirty-seventh Annual Meeting of The National Committee for Mental Hygiene included a two-day program of papers and discussions in addition to the usual luncheon. Over eight hundred people attended the various sessions, which were held at the Hotel Pennsylvania on October 30 and 31.

The program opened with a session on the topic "Strengthening the Hand of Medicine," Dr. Howard W. Potter, Professor of Clinical Psychiatry at the Long Island College of Medicine, presiding. Dr. Carl Binger, Assistant Professor of Clinical Psychiatry, Cornell University Medical College, presented a paper on "Medical Information and Misinformation";[1] Dr. Thomas A. C. Rennie, Associate Professor of Psychiatry, Cornell University Medical College, and Director of the Division on Rehabilitation, The National Committee for Mental Hygiene, discussed "The Rôle of the Family Doctor in the Treatment of Emotional Problems of General Practice"; and Dr. James S. Plant, Director of the Essex County (New Jersey) Juvenile Clinic, spoke on "The Public Health Nurse as a Medium of Mental Health."

The afternoon session of the first day, on the subject, "Experimental Attacks on Fascism," was given up to an account of the

[1] For Dr. Binger's paper, see pages 1–13 of this issue of Mental Hygiene.

experiment in democratization carried on with German prisoners of war at Fort Getty, Rhode Island. Dr. Richard M. Brickner, of New York, who took part in the experiment, acted as chairman and also gave a short talk on "German Prisoners Before Fort Getty." Dr. David M. Levy, Associate Professor of Psychiatry at Columbia University, presented a brief psychiatric study of a prisoner of war who had graduated from the school at Fort Getty. The session closed with a demonstration of Fort Getty discussion-group methods, in which the audience participated, putting themselves in the place of German prisoners of war.

"Mental Hospitals and Advancing Psychiatry" was the subject of the opening session on the second day. Dr. Arthur H. Ruggles, Superintendent of Butler Hospital, Providence, Rhode Island, was chairman of the meeting. Three papers were presented—*The Mental Hospital, 1946,* by Edith M. Stern, author of *Mental Illness: A Guide for the Family; The Rôle of the Citizen in a Democracy,* by the Reverend D. R. Sharpe, President of the Ohio Mental Hygiene Association; and *The New Public Psychiatry,* by George H. Preston, Commissioner of Mental Hygiene of the State of Maryland.

This session was followed by the annual luncheon of The National Committee for Mental Hygiene, at which Dr. James S. Plant presided. Dr. George S. Stevenson, Medical Director of the National Committee, presented his report and read the treasurer's report

Dr. Harry L. Gideonse, President of the Brooklyn College of the City of New York, delivered the luncheon address, his subject being "The Golden Opportunity for Public Education."[1]

The luncheon was also the occasion of the presentation of the 1946 Lasker Award in Mental Hygiene.[2]

The final session of the meeting, under the chairmanship of Dr. Joseph Zubin, Research Psychologist at the New York Psychiatric Institute, took up the subject "The Mental Health of State and Nation." Dr. Robert H. Felix, Medical Director of the Mental Hygiene Division, the U. S. Public Health Service, spoke on the National Mental Health Act; and H. Edmund Bullis, Executive Director of the Delaware State Society for Mental Hygiene, on "The States' Opportunity."

At the close of the program, The National Committee for Mental Hygiene joined the Family Service Association of America in a dinner meeting in celebration of the latter's biennial. Dr. Frank Fremont-Smith, Medical Director of the Josiah Macy, Jr. Foundation, and a vice president of The National Committee for Mental

[1] For Dr. Gideonse's address, see pages 14–28 of this issue of MENTAL HYGIENE.

[2] For an account of the presentation, see pages 120–22 of this issue of MENTAL HYGIENE.

Hygiene, gave the dinner address, taking as his subject "The Family in the Struggle Against Hostility and Aggression."

The 1947 meeting of The National Committee for Mental Hygiene will be held on November 12 and 13.

A. L. van Ameringen Elected Treasurer of The National Committee for Mental Hygiene

A. L. van Ameringen, President of van Ameringen-Haebler, Inc., aromatic essentials, has been elected treasurer of The National Committee for Mental Hygiene, succeeding the late Harry Pelham Robbins, who held the office for eleven years.

Mr. van Ameringen is a former president of the Essential Oil Association of the U. S. A. and for fifteen years was a member of the board of the Synthetic Organic Chemical Manufacturers Association. For a number of years, he has been active in the mental-hygiene field as one of the few business men who have been concerned with the disparity between the needs of the mental-hygiene movement and the public support it has received.

Psychiatric Placement Service to be Continued

In the summer of 1945 it became increasingly evident that physicians in the armed forces who were interested in obtaining further training in psychiatry, and in finding positions in this field upon their return to civilian life, would require advice and assistance. In order to meet this emergency, the American Psychiatric Association and The National Committee for Mental Hygiene joined forces and set up a Psychiatric Personnel Placement Service, which began operating on December 11, 1945, under the guidance of an advisory committee, composed of representatives of the two organizations.

During the past year a great deal has been accomplished. Nation-wide surveys of general and state hospitals, of private mental hospitals, of community and mental-hygiene clinics, of medical schools, and of foundations have been conducted, in order that there might be a complete file of the positions and training opportunities available in psychiatry. Several hundred physicians have been interviewed personally in the office, and their careers in psychiatry have been planned and mapped out for them. The director of the placement service made several field trips to various parts of the country, during which he discussed the personnel situation with prospective employees. Many physicians have been placed in training and in attractive positions. The problems confronting psychiatry have been pointed out at important medical meetings and conferences.

Up to and including December 10, 1946, which is the date of completion of the year's undertaking, over 900 physicians had registered with the placement service, either by letter or by personal interview. During the last few months the number of new applications received has been dwindling, and the requests for assistance diminishing. All physicians who indicated that they would be released from the army or the navy up to January 1, 1947, have been referred to positions or have been given advice concerning training. It is felt, therefore, that the emergency placement program has been completed. It is the opinion of the advisory committee that it is important to have a central place where data relative to training and positions in psychiatry can be obtained by interested physicians. The activities of the Psychiatric Personnel Placement Service will be continued by The National Committee for Mental Hygiene at 1790 Broadway, New York 19, N. Y., and applications from physicians seeking placement in positions or in training in the field of psychiatry are still invited.

Dr. Forrest M. Harrison, who has directed the placement service for the past year, has accepted the position of Assistant Superintendent of the Delaware State Hospital, Farnhurst, Delaware, and assumed his duties there on November 20, 1946.

State-Hospital Projects Approved by New York State Postwar Public Works Planning Commission

A proposal to construct three buildings for some 1,200 continued-treatment patients at Kings Park State Hospital, Suffolk County, was approved at the November meeting of the New York State Postwar Public Works Planning Commission, according to an announcement by John E. Burton, State Budget Director and Commission chairman. Using 1940 construction figures as a base, Ross E. Sluyter, Director of State Planning for the Commission, estimated it will cost $2,762,000 to erect the three buildings. Present plans call for replacement by the new structures of several buildings now used for continued-treatment patients.

The following projects were also approved: for Marcy State Hospital, a disturbed-patient building for 320 and kitchen facilities, $1,060,000, and a home for one hundred nurses, $356,500; for Central Islip State Hospital, a storehouse and bakery, $1,020,000; for Letchworth Village, heating of service tunnels, $530,000; for Hudson River State Hospital, an additional water supply for buildings for tuberculosis patients, $35,000.

Mr. Sluyter said that the mental-hygiene department proposes to raze several existing structures at Kings Park because, besides being badly crowded, the buildings are extremely difficult to heat, are in

need of extensive and expensive repairs, and are inefficiently arranged and consequently more costly in operation.

The new buildings will provide wards for patients; offices for doctors, nurses, and members of the administrative staff; occupational-therapy classrooms and work rooms; reception, treatment, and dining rooms, beauty parlors and barber shops, and other necessary facilities for patients, staff, and employees.

Though the project is titled "storehouse and bakery," many other facilities will also be provided in the $1,020,000 building the department plans to construct at Central Islip. The building will include space for cold, dry, and vegetable storage; for a bakery; for vegetable canning and preparation; for pasteurization; for ice-cream manufacturing; for a tailor shop; and for a sewing room. Additional storage facilities are needed at Central Islip. The present storehouse and butcher shop, bakery building and flour storage were built in 1901. Since that time additional accommodations for nearly 4,000 patients have been constructed.

To date the commission has directed that plans be prepared for 114 projects for the mental-hygiene department, with an estimated value of $92,842,541. The cost of planning is paid from the state's post-war reconstruction fund.

Program of Postgraduate Instruction at University of California Medical School

The University of California Medical School, with the coöperative administration of University Extension, University of California, will shortly announce a program of postgraduate instruction to be offered at the Medical Center, San Francisco. A variety of courses will be given which will encompass the fields of internal medicine, general surgery, obstetrics and gynecology, otorhinolaryngology, ophthalmology, psychiatry, and the basic sciences, as well as a course specially designed to meet the needs of general practitioners. Fees for all these courses will be covered by the provisions of the G. I. Bill of Rights. For further information with regard to these various courses communicate with Stacy R. Mettier, M. D., Head of Postgraduate Instruction, Medical Extension, University of California Medical Center, San Francisco 22, California.

Special Education Program for Teachers of Handicapped Children

In an effort to aid hundreds of children afflicted with some physical or mental disability in the central New York area, a new special education program for teachers is under way at Syracuse University.

The program, under the direction of Dr. William M. Cruickshank, former faculty member of Horace Rackham School of Special Education at the University of Michigan, is designed to coördinate on a regional basis the clinical and medical facilities of both public and private institutions with college and high-school training and classroom work.

According to Dr. Cruickshank, the method of aiding handicapped children not only differs basically from normal secondary education, but also must be developed at the college level where prospective teachers can be trained for this type of work.

With the establishment of this new educational program for handicapped children, Syracuse University becomes one of four major universities in the country that offer such a program.

Several new courses have been added to the school-of-education curriculum in connection with this program, including the psychology of exceptional children and psychological techniques in the examination of physically and mentally handicapped children. In addition to these, courses in mental, social, and vocational guidance for physically handicapped children, as well as advanced psychology of physically and mentally handicapped and retarded children, are being offered.

Coöperating with the new special education program are the university's psychological-services center, college of liberal arts, college of medicine, and speech clinic. Local organizations that are giving additional aid include Syracuse State School, Percy Hughes School for Exceptional Children, the Syracuse public schools, the New York Psychiatric Hospital, and the Central New York School for the Deaf at nearby Rome.

The special education program will also serve as a guide for directors and staff personnel of public and private institutions who have adopted the latest developments in vocational-guidance techniques, as well as clinical and medical facilities.

Reading Clinic Plans Three-Year Program

During 1947, the Reading Clinic, Department of Psychology, Temple University, will sponsor three institutes: two one-week institutes for professional workers and a one-day institute for parents. At the mid-winter institute, (February 3 to 7), procedures and materials on remedial and corrective reading will be discussed and demonstrated; at the summer institute, the subject will be developmental reading. The institute for parents will be held on Thursday, March 6.

Beginning with the 1947 Reading Clinic institutes, a three-year

evaluation program will be initiated. This will make it possible for boards of education and state departments of education to send delegates for the dual purpose of organizing new programs and of evaluating existing programs. For 1947, the emphasis will be placed on the *general language* approach to the reading problem; for 1948, the *content area* approach; for 1949, the *semantic*, or *meaning*, approach. The theme for each year has been established to guide the organization of the remedial, corrective, and developmental institutes.

Seminars, demonstrations, and evaluations will be made by well-known specialists in reading and related fields. By setting up a three-year program of emphases, it is possible to make better use of visiting specialists.

The activities of the one-week institutes are differentiated to meet the needs of clinical workers, vocational-guidance directors, and teachers in elementary and secondary schools and colleges.

Enrollment is limited by advance registration. For a copy of the program and other information regarding these institutes, write to Dr. Emmett Albert Betts, Director of the Reading Clinic, Temple University, Philadelphia 22, Pennsylvania.

Commonwealth Fund Makes Grant to California for Mental-Hygiene Program

The Commonwealth Fund, of New York City, has made a grant to the California State Department of Public Health for the establishment and development of a mental-hygiene program within the department and for demonstrations in preventive mental-hygiene services at the local level. The grant is for two years, with provision for extension. The initial step will be the employment of a psychiatric consultant in the division of preventive medicine, to plan and direct a program that will complement, rather than duplicate, the program conducted by the state department of mental hygiene. Through in-service training, demonstrations, and lay and professional education, the program will seek to integrate and incorporate mental health and psychiatric principles into public health and preventive medicine.

San Francisco Council of Churches Establishes a Commission on Service Personnel and Veterans

With the aim of helping churches to deal more intelligently and more efficiently with the problems of service men and veterans, the San Francisco Council of Churches has organized an agency known as The Commission on Ministry to Service Personnel and Veterans.

The commission, whose executive director is the Reverend W. Edgar Gregory, seeks to serve the churches of the Bay area in the following ways:

"I. *By advising and counseling with the churches.*

"a. Courses for church leaders are given to help acquaint them with the problems peculiar to this field and to help them in formulating their own programs.

"b. The director will consult with any one desiring special advice in this field.

"c. A small professional library is maintained in the office which may be used to gain acquaintance with the latest literature in the field.

"d. The director, in so far as time permits, will meet with interested groups of lay people to assist them in the ministry of the church to the returning service man.

"II. *By furnishing a direct ministry to service personnel and veterans.*

"a. Providing religious services when needed. Ministers willing to assist in this program are invited to volunteer. A minister is needed, for instance, each fourth Sunday of the month, at one U.S.O. for its vesper service.

"b. Coördinating efforts on behalf of the service men.

"c. Counseling. The director of the commission has had extensive experience in this field and will be glad to interview any one referred to him in this capacity.

"d. Exchanges. The commission will attempt to arrange pulpit exchanges or supplies between military installations and civilian churches.

"e. Assistant chaplains. Protestant chaplains in the Bay area are always welcome in the office and will be given every assistance possible.

"f. Assist the Veterans' Administration. Provide needed services in Veterans' hospitals and facilities, and assist in any other way possible.

"III. *By coördinating the work of the Protestant churches with that of secular agencies seeking to serve the same field.*

"a. The director is a member of the U.S.O. Councils, the Veterans' Coördinating Councils, and similar organizations. He maintains constant liaison with them and other organizations set up specifically for serving the man or woman in uniform or the veterans.

"b. The director maintains constant contact with specialized agencies such as the U. S. Employment Service, the A.W.V.S., the Langley-Porter Clinic, the Y.M.C.A., the Y.W.C.A., the Veterans' Psychiatric Clinic at Mt. Zion Hospital, etc. He attends such meetings as that of the California Rehabilitation Conference, to keep abreast of the activities in this field.

"c. The director keeps in close touch with all the veterans' organizations—the American Legion, the V.F.W., the D.A.V., the American Veterans' Committee, etc."

The Reverend W. Edgar Gregory, the commission's executive director, was until recently a captain in the Chaplain's Corps of the

United States Army. For five years Mr. Gregory has worked with service men of all types, under the most varied circumstances. He has also had extensive training in mental hygiene, psychology, and sociology; has held both rural and urban pastorates; was an editor of a denominational magazine; and knows the programs that various religious and secular organizations have established to try to cope with the problems of demobilization.

A Psychiatric Clinic for Veterans

A psychiatric clinic for veterans has been opened in Rochester, New York, under the joint sponsorship of the Mental Hygiene Society of Monroe County and the Rochester Chapter of the American Red Cross. The chief function of the clinic, which is under the directorship of Dr. George R. Lavine, is the diagnosis and treatment of veterans who are trying to adjust to civilian life and who present emotional problems for which psychiatric care is indicated.

The 52 Association, Inc.

In February of 1945, a group of New York business and professional men undertook to provide weekly programs of high-quality entertainment for groups of sick and wounded soldiers, sailors, and marines from local service hospitals. It was determined that fifty-two men, each paying fifty-two dollars a year, could finance a weekly program for twelve service men. Each party would include dinner at one of the better restaurants, where the guests might order anything on the menu and as much of it as they wished; attendance at a play, a musical comedy, a Radio City Music Hall performance, or a major sporting event; and to top off the evening, hamburgers or ice cream, depending on the weather and the wishes of the guests. Each party would have for its hosts three of the members who were making the program possible.

Often, during the course of these evenings, hosts would say to their guests: "After you're discharged, if we can help you in any way, be sure to look us up."

A year later the 52 business and professional leaders had become 1,010. Most of them reside in the New York metropolitan area, with about 10 per cent located between New York and Honolulu. Instead of 52 entertainment programs a year, the program now calls for 52 a month. An active 52 Association is entertaining hospitalized service men and veterans in the Chicago area. Groups in other cities are also showing real interest in extending the program.

More and more the service men have been remembering their hosts'

sincere invitation and have been coming in after discharge for help in getting jobs or in setting up business enterprises for themselves.

Because the operation of an effective job-placement program calls for specialized personnel and equipment, the association, on the advice of its vocational advisory committee, on February 1, 1946, established a professionally staffed job-placement and counseling service with suitable facilities for helping as many physically handicapped veterans as possible to get suitable employment or counsel in setting up shop for themselves. The association believes that this program meets a real and definite need in the community without duplicating existing services.

Disabled veterans come for service from several sources. They may be "alumni" of "52" parties; they may be referred for counseling and job placement by members of the association; or they may be referred by the United States Employment Service, the Veterans Administration, veterans' groups, or any one of the outstanding voluntary, non-fee-charging placement and counseling services with which the association coöperates.

The 52 Association charges no fees to employers or job-seekers. Professional standards of operation are zealously safeguarded to promote the best interests of the veteran, the employer, and the community.

The association's library of information about personnel practices, occupations, and veterans' rights and responsibilities is reasonably complete and current. Veterans interested in learning about the requirements, conditions, and rewards of different fields of work will find it genuinely helpful, since it contains recent newspaper and magazine articles as well as books and pamphlets by vocational authorities.

Employers can help the 52 Association achieve its motto, "The Wounded Shall Never Be Forgotten," by calling upon it for help in meeting their personnel requirements. Only qualified veterans will be referred to job-openings. Employers and veterans are served best when men are placed according to their job-suitability and not for reasons of pity, patriotism, or gratitude.

The address of the 52 Association is 840 Eighth Avenue, New York 19. Veterans wishing to make use of the service are asked to telephone for appointment (Circle 6-2546). Coöperation in this will help to cut down time spent in waiting, since the staff is small and usually busy.

Positions Open in Menninger Research Department

The Menninger Foundation, of Topeka, Kansas, is looking for personnel for three positions in its research department. The

appointees will be free to devote half of their time to research, either of their own choice or in coöperation on current research projects of the foundation. The remainder of their time will be spent in clinical work and teaching, permitting the members of the research staff to keep in touch with current clinical problems while becoming familiar with the organization and its working atmosphere. This proportion of research and clinical work will not be rigidly adhered to; and the possibility of increasing the research time will be considered after an initial period.

The minimum requirements for the positions are three years of experience in psychiatric practice or psychiatric research, plus a completed training analysis; or five years psychiatric practice, plus a completed personal analysis. The salary range is from $4,800 to $7,200 per annum.

Applications will be entertained until February 1, 1947, by Merton M. Gill, M. D., Assistant Director of the Research Department, The Menninger Foundation, Topeka, Kansas. The application should include a clear, recent photograph, references from at least three professional persons with whom the applicant has been associated, and a biography covering the following items: birth date and place, a chronological list of all schools attended, a list of positions held, a list of all publications, and a statement of all research experience and aims.

Each applicant will be notified concerning the decision of the Research Department of The Menninger Foundation no later than February 15, 1947. In special cases, late applications will be given consideration.

Western State Psychiatric Institute and Clinic Offers Six Residencies

The Western State Psychiatric Institute and Clinic will have available six positions for first-year residents, beginning July 1, 1947. Applications for these positions should be made before March 1, 1947, to Grosvenor B. Pearson, M.D., director of the institute, O'Hara and De Soto Streets, Pittsburgh 13, Pennsylvania. The decision as to appointments will be made March 15. Additional information may be obtained from the director.

Psychiatrist Wanted as Director of Clinic

The Los Angeles Psychiatric Service, an adult community mental-hygiene clinic, supported by the Community Chest, has an opening for a psychiatrist as full-time director. The requirements are that

the appointee be a diplomate in psychiatry and have some administrative experience. The clinic personnel includes volunteer psychiatrists, two psychiatric social workers, and a psychologist. Salary will be in accordance with qualifications. Address: Los Angeles Psychiatric Service, 507 South Westlake Avenue, Los Angeles 5, California.

Jewish Board of Guardians Reorganizes Services

The Jewish Board of Guardians, of New York City, has announced the reorganization of its services into three divisions: (1) the Jewish Child Guidance Institute, which will include the group-therapy department, the volunteer services, and the counseling services of the agency, and will carry the responsibility for psychiatric treatment services to children with behavior problems and emotional difficulties; (2) the Division of Community Services, which will incorporate the protective services of the agency, including the services to adult offenders and unmarried mothers, and the special liaison services to delinquent children referred by the children's and adolescents' courts and the police; and (3) the Division of Institutional Services, which will be responsible for the institutions and camps maintained by the agency, including the Hawthorne-Cedar Knoll Schools and Lakeview Home.

Historically, the Jewish Board of Guardians, and the agencies that were later incorporated into it, were established to provide correctional and protective services to adult offenders, unmarried mothers, and delinquent children; to represent the Jewish community in prisons and courts; and in addition to maintain certain specific types of institutional and personal services.

With the development of governmental welfare in the fields of adult correction and probation, the Jewish Board of Guardians was relieved of some of its services in courts and prisons. At the same time, the growing recognition that prevention was more important than correction led to the progressive expansion and improvement of its child-guidance services.

The line of development of the agency was thus from correction to treatment to prevention. This is consistent with the community's recognition of child guidance as an effective method in the prevention of delinquency and in the treatment of other types of children's difficulties. The establishment of the Child Guidance Institute will more clearly differentiate the child guidance from the other services of the agency.

The traditional protective services of the agency will be continued and will, as heretofore, continue to have great significance in express-

ing the interest of the Jewish community in sound programs of governmental agencies and in the supplementation of such programs.

This functional reorganization is but a logical step in the development of the agency. It provides for the continuation of all present services and the professional objectives and skills that have grown out of the agency's practice over a period of five decades. The increased specialization that this regrouping makes possible should enhance the effectiveness of the services rendered.

The Council Child Development Center

Announcement has been made of the opening of the Council Child Development Center in New York City, December 1, 1946. The functions of the center are (1) to provide psychiatric and social treatment to pre-school children who present emotional difficulties and conduct disorders; (2) to offer counseling to parents on problems of personality growth in children in the pre-school age groups; and (3) to undertake research studies oriented to the prevention of serious personality disorders in children.

The center, which is jointly supported by the New York Section of the National Council of Jewish Women, the Lieutenant Lester N. Hofheimer Estate, and the Jewish Board of Guardians, will serve as a child-guidance clinic, providing facilities for comprehensive diagnostic study and treatment on both individual and group levels. It will operate a nursery school which will be integrated into the total program of the center and will be employed for purposes of observation and group treatment. The daily hours of the nursery will be from 9:30 a.m. to 3:00 p.m., frequence and daily length of attendance to be determined by the child's individual needs and in relation to the total treatment plan. Depending on the needs of the child, group treatment alone or individual treatment alone, or a combination of both will be utilized. Professional services are under the supervision of the Jewish Board of Guardians.

At present the center is equipped to study and treat only sixty children. Of these, approximately thirty will receive nursery observation and care. Children with organically determined mental retardation, other organic disorders, or serious physical handicaps will not be considered for admission. While the center will not operate on a district basis in considering applicants, the staff must of necessity take into account the effect on a given child of extensive traveling to and from the center.

The center will serve all groups in the community. A flexible fee scale has been established for those able to pay for the various services available.

Cases should be referred to Miss Marjorie Harley, Senior Psychiatric Social Worker, 228 East 19th Street, New York City.

Suggestions on Securing Legislation

The following timely suggestions on securing legislation are offered in the November issue of the *P. C. A. Herald,* bulletin of the Public Charities Association of Pennsylvania:

"1. The proposed legislation should be for a socially desirable end.
"2. Legislation should be planned well in advance of the legislative session.
"3. It should be the result of conference with heads of departments, representatives of organizations having a stake in the problem and of citizen groups.
"4. It should be buttressed by facts and experience.
"5. It should represent the coördinated effort of different groups and organizations.
"6. Efforts should be made to secure widespread citizen support 'back home.'
"7. It should be drafted by experts.
"8. Its legislative course should be steered by an expert who has the 'know-how' of legislative procedure.
"9. Efforts should not be dissipated on so many different measures that no one bill gets adequate attention.
"10. There should be newspaper coverage and editorial support.
"11. Good statesmanship, perseverance, timing, a sense of humor, and constantly being on the job are the final touchstones to success."

Twenty-fifth Anniversary Meeting of Central Neuropsychiatric Association

The Twenty-fifth Anniversary meeting of the Central Neuropsychiatric Association was held in Denver, October 4 and 5. The programs of the association have always been limited to presentations by the members in the host city, and an excellent scientific program was presented by the Denver and Colorado members and their colleagues. The next meeting will be held in Galveston in October, 1947. Officers elected for the coming year were: President, Dr. Clarence E. Van Epps, Iowa City; Vice President, Dr. Jack R. Ewalt, Galveston; Secretary-Treasurer, Dr. William C. Menninger, Topeka; Counselor, Dr. A. E. Bennett, Omaha.

Pennsylvania Psychiatric Society Elects Officers

At the Eighth Annual Dinner Meeting of the Pennsylvania Psychiatric Society, which took place at The Barclay, Philadelphia, on October 10, 1946, the following officers were elected to serve for the year 1946–1947: President, Charles H. Henninger, M.D., Pittsburgh; President-Elect, LeRoy M. A. Maeder, M.D., Philadelphia; and Secretary-Treasurer, Philip Q. Roche, M.D., Philadelphia.

Psychosomatic Society to Meet May 3-4

The American Society for Research in Psychosomatic Problems will hold its fourth annual meeting in Atlantic City on May 3 and 4, 1947. Members and friends of the society have been invited by the program committee to submit abstracts of papers they wish to present at the meeting. Copies of such abstracts should be sent, not later than March 1, 1947, to the chairman, Dr. Edward Weiss, 369 South 19th Street, Philadelphia 3, Pennsylvania. The program has been planned to include sections on the following topics: medical education, the psychosomatic aspects of muscle and joint dysfunction, and a symposium on the use of projective techniques in psychosomatic diagnosis and therapy.

Colonel John M. Caldwell New Head of Neuropsychiatry Consultants Division

Colonel John M. Caldwell, M.C., U. S. Army, has been appointed Director of the Neuropsychiatry Consultants Division, Office of the Surgeon General, to succeed Brigadier General William C. Menninger, who was separated from the service last June. Colonel Caldwell, who is a graduate of the University of Georgia, has been a student of psychiatry and internal medicine since 1929, when he won a fellowship at the Mayo Clinic, Rochester, Minnesota. He received an M.S. in medicine from the University of Minnesota in 1932 and the same year was commissioned a first lieutenant in the Medical Corps, U. S. Army. Colonel Caldwell has served at the Gorgas Hospital, Panama Canal Zone; at St. Elizabeths Hospital, Washington, D. C.; and at Walter Reed General Hospital, Washington, where he was chief of the neuropsychiatry section. He returned to the United States from Tokyo last March, after serving also in New Guinea and the Philippines with the 54th General Hospital.

New Address for Division of State Mental Hygiene Organization

Until further notice, the office of the Division of State Mental Hygiene Organization of The National Committee for Mental Hygiene will be at 343 South Dearborn Street, Chicago 4, Illinois. Request is made that this address be placed on the records of state societies and other organizations for mailings and correspondence.

The location of the field headquarters at this address, in conjunction with The Illinois Society for Mental Hygiene, affords the personnel an opportunity to cover more ground.

Announcement is also made by The National Committee for Mental Hygiene that of Mr. Rex M. Corfman has joined the staff as associate field representative of the division.

News of Mental-Hygiene Societies

Compiled by

Justin G. Reese

Field Representative, Division of State Mental Hygiene Organization, The National Committee for Mental Hygiene

Delaware

The human-relations-class project developed by the Delaware State Society for Mental Hygiene recently received national attention through an article in *Time Magazine* and a special feature carried by the Associated Press. Created under the active direction of Dr. M. A. Tarumianz, the project was developed by H. Edmund Bullis, executive director, and Miss Emily O'Malley, director of educational research, of the society. Because of the many demands, the society has been obliged to make a charge of $3.00 for the thirty lesson plans and six "teachers aids," compiled under this project. These may be obtained by writing to the Delaware State Society for Mental Hygiene, Wilmington 19, Delaware.

Hawaii

Announcement is made of the appointment of Mrs. Margaret Donley Hackfield as Executive Secretary of the Hawaii Territorial Society for Mental Hygiene. Mrs. Hackfield for eight years held a similar post with the Washington State Society for Mental Hygiene.

Illinois

A special organization and legislative project is under way in Illinois in coöperation with The National Committee for Mental Hygiene. The Illinois Society for Mental Hygiene is about to embark on a twofold campaign of expanding its influence on a state-wide basis and of spearheading a public campaign to secure more funds from the forthcoming session of the legislature for personnel in mental hospitals, state support of clinics, and the development of community resources. Field Representative Reese and Associate Field Representative Corfman are now in Illinois, representing the National Committee in the development of this program. Financial support for this project on a non-budgetary and non-recurring basis has been received from various foundations and individuals.

The Illinois Society for Mental Hygiene, in conjunction with leaders of the Ridge Park Community, has just concluded a successful series of lectures by Dr. David Slight, entitled *The Basis for Successful Living.*

The society has made arrangements to provide mats of the graphicharts on mental illness, juvenile delinquency, and adolescent delinquency which they sponsored in the Chicago *Sun*. These are full-newspaper-page presentations of data regarding the problems in question and make excellent interpretative material.

Orders for mats should be sent to Louis deBoer, Educational Secretary, Illinois Society for Mental Hygiene, 343 South Dearborn Street, Chicago 4, Illinois. The mats cost $1.00 apiece or $2.00 for the series of three, postpaid.

State societies may want to reproduce them for distribution to their membership or to get newspapers in their states to print them.

Indiana

Efforts are being made to reorganize the Indiana Society for Mental Hygiene. At a recent meeting of the state conference of social work, plans to this effect were announced and support was obtained from those present. Recently Field Representative Reese and Associate Field Representative Corfman, of The National Committee for Mental Hygiene, met with the board of the society, as a preliminary to a drive for funds and support. The president of the Indiana Society is Reverend Dr. E. Burdette Backus, 1453 Alabama Street, Indianapolis.

Maine

The Maine Teachers Mental Hygiene Association, in conjunction with the psychology department of the University of Maine, announces the early organization of a clinical center at the university. Miss Esther Lipton will be in charge of the work for the state department of education. Dr. Margaret R. Simpson, director of mental hygiene for the state, will conduct clinical work on alternate weeks.

The Maine Teachers Mental Hygiene Association is working up a program of round tables and a two-day mental-hygiene institute during the summer at the university in connection with the department of psychology. C. A. Dickinson, head of the department of psychology, is in charge of arrangements.

Missouri

Recent visits to Missouri, under the auspices of The Missouri Association for Mental Hygiene, included one from Dr. James S. Plant, Chairman of the Executive Committee of The National Committee for Mental Hygiene, and one from Justin Reese, of the Committee's

Division of State Mental Hygiene Organization. In independent tours, public meetings and conferences were held with leaders of the state association, the St. Louis Mental Hygiene Committee, and the Kansas City Mental Hygiene Committee.

Completing a tour of close to a week, Field Representative Reese met with the state board in consultation leading to plans for reorganizing.

Succeeding Dr. Sydney B. Maughs as President of the Missouri Association is Dr. Margaret C.-L. Gildea, 4445 Lindell, St. Louis 8.

New York

The New York State Committee on Mental Hygiene of the State Charities Aid Association has compiled a supplementary pamphlet list including material on children, mental hygiene and marriage, alcoholism, psychiatry and law, religion, and employment. Copies may be obtained by writing to the committee, at 105 East 22nd Street, New York 10, New York.

Ohio

Announcement has been made by Dr. D. R. Sharpe, President of the Ohio Mental Hygiene Association, of the following elections to the executive committee of the association: Mr. Bleecker Marquette, Executive Secretary of the Cincinnati Public Health Federation; Mrs. Clarence J. Goldthorpe, President of the Ohio Federation of Women's Clubs; Dr. Herschel W. Nisonger, Director of Department of Special Adult Education of Ohio State University; and Dr. Henry C. Schumacher, Medical Director of the Ohio Mental Hygiene Association and Director of the Cleveland Guidance Center.

Oklahoma

Latest addition to the list of state societies is the Oklahoma Committee for Mental Hygiene. The organization of this committee is particularly significant as a direct outgrowth of an aroused public opinion, the result of a series of articles by Mr. Mike Gorman, reporter of *The Daily Oklahoman* (Oklahoma City).

Mr. Gorman's series, remarkable for its insights into the care and treatment of the mentally ill and its sustained pace, resulted in the fanning of a state-wide interest and the creation of a "grass-roots" movement.

Mr. Hugh Davis, banker of Oklahoma City, is president of the Oklahoma Committee, and L. S. McLeod, Dean of the Graduate Division of the University of Tulsa, is chairman of the board of directors. The committee has received the active support of most of the

important state-wide organizations and already has a most impressive roster of citizens.

The Oklahoma Committee for Mental Hygiene has also received field services from The National Committee for Mental Hygiene. Field Representative Justin Reese paid a flying visit in which he visited state hospitals, spoke over Radio Station WKY, attended mass rallies, and visited legislators and public leaders. Oklahoma promises to be one of the outstanding developments in the mental-hygiene movement.

Reprints of Mr. Gorman's original series may be obtained by writing to the Chicago office of the Division of State Mental Hygiene Organization, at 343 South Dearborn Street, Chicago 4, Illinois.

Tennessee

Plans are under way to hold a meeting to organize a Tennessee mental-hygiene society on March 19, following an address on March 17, before the Tennessee Conference of Social Work, by Dr. Luther E. Woodward, Field Consultant, Division of Rehabilitation, The National Committee for Mental Hygiene.

Washington

Approximately 40,000 people saw the mental-hygiene exhibit at the Western Washington Fair recently. Those who showed special interest in the mental-health booth took 3,000 pamphlets and other pieces of educational material. The executive secretary, of the Washington Society for Mental Hygiene, Mr. George F. Ault, and members of the board have been active in appearing before many public meetings in support of mental-hygiene activities.

Wisconsin

The Wisconsin Society for Mental Health, in conjunction with the Wisconsin Federation of Women's Clubs, has presented programs relating to new legislation over Radio Station WTMJ. Copies of these programs may be obtained by writing Dr. Esther H. deWeerdt, Executive Director, the Wisconsin Society for Mental Health, 405 East Grand Avenue, Beloit, Wisconsin.

Recent Appointments

Mrs. Ethel L. Ginsburg has joined the staff of The National Committee for Mental Hygiene as Consultant in Psychiatric Social Work. This position was established for the purpose of developing and coördinating the psychiatric-social-work aspects of the National Com-

mittee's program. In coöperation with the National Committee's field staff, the American Association of Psychiatric Social Workers, and other pertinent agencies and organizations, Mrs. Ginsburg will work toward wider and more effective utilization of psychiatric-social-work personnel in service to mentally and emotionally disturbed individuals.

The Division of Mental Hygiene, Department of Public Welfare, State of Ohio, announces three recent appointments:

Mark W. Garry, B.S., M.D., has been appointed to the position of Chief of Tuberculosis and Internal Medicine. Dr. Garry is a diplomate of the American Board of Internal Medicine, an associate member of the American College of Physicians, and a member of the American Trudeau Society. He graduated from the School of Medicine, Marquette University; was in general practice for two years; and did research work for the Trudeau Foundation for six years. Following this, he was medical consultant in industry, after which he joined the Public Health Service in the Tuberculosis Control Division. In 1945, he became Director of the Tuberculosis Division in the Ohio Department of Health. Dr. Garry will be in charge of tuberculosis control and treatment in the institutions and will also be responsible for organizing the medical program of the institutions in the division.

Miss Anna T. Lownie, B.S., M.A., R.N., has been appointed Chief of Nursing Service and Education. Miss Lownie graduated from St. Elizabeth's Hospital, Boston, Massachusetts; received training in psychiatric nursing in the Westchester Division of the New York Hospital; was Assistant Superintendent of Nurses of the New Jersey State Hospital at Greystone Park; and, prior to her appointment here, was Director of Nursing and Director of the Postgraduate School of Psychiatric Nursing at Menninger Sanitarium, Topeka, Kansas. Miss Lownie is a member of the American Nurses Association, the National League of Nursing Education, the Massachusetts State Nurses Association, the Ohio State Nurses Association, the American Association of University Women, and the Ohio League of Nursing Education. She has had wide experience in psychiatric nursing and in the field of nursing education. She is responsible for nursing service of patients and the nursing-education program.

Wallace C. Fotheringham, B.A., M.A., has been made Chief of Institutional Personnel Training. Mr. Fotheringham received his M.A. at Northwestern University and, prior to his present appointment, was a professor at Muskingham College in Ohio. He is a member of the American Association of College and University Pro-

fessors and the National Association of Teachers of Speech. Mr. Fotheringham is particularly skilled in educational procedures. His major responsibility is the organization of training courses for psychiatric aides in the institutions of the division.

The Emma Pendleton Bradley Home, of East Providence, Rhode Island, has announced that Donald B. Lindsley, Ph.D., who has been director of its psychologic and electroencephalographic laboratory since 1938, has accepted a position as professor of psychology at Northwestern University, Evanston, Illinois. Responsibility for the electroencephalographic program will be taken over by Dr. Maurice W. Laufer, resident physician at the Bradley Home in 1942, who has been appointed its clinical director. Dr. Eric C. Denhoff, who served a residency at the home in 1941 and recently returned as assistant physician, has been appointed director of clinical laboratories.

The home, which celebrated its fifteenth anniversary on April 8, provides inpatient neuropsychiatric treatment for boys and girls up to twelve years of age. Preference is given to Rhode Island residents, but children are accepted from all parts of the country provided they are within the age range, are of normal intelligence, and presumably can profit from the treatment offered. The home also serves as a center for the training of professional personnel and as a sponsor of scientific and clinical investigation and medical research.

New Publications

The following reprints of articles published in recent issues of Mental Hygiene are obtainable, at the prices indicated, from The National Committee for Mental Hygiene. A 20 per cent discount is allowed on orders of 100 or more copies of a title.

Mental Hygiene in the Atomic Age. Franz Alexander, M.D. 15¢
Women and Modern Stress. Winfred Overholser, M.D. 15¢
What's What About Shock Therapy. Nolan D. C. Lewis, M.D. 15¢
Mental Illness and Family Routines. Mary Bosworth Treudley. 20¢
Mental Hygiene and Physical Education. Karl P. Zerfoss. 10¢
Function of a Psychologist in a Psychiatric Clinic. Helen Oexle Pierce. 20¢
Significant Symptoms in the Behavior of Young Children: A Checklist for Teachers. Lili E. Peller. 20¢
High Lights on the Psychology of Infancy. C. Anderson Aldrich, M.D. 15¢
The Foster Child and Separation. Emily Mitchell Wires. 10¢
Youth in Search of a Standard. Arthur L. Rautman, Ph.D. 15¢

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STATE MENTAL-HYGIENE ORGANIZATIONS

Alabama Society for Mental Hygiene. Miss Katherine Vickery, Secretary. C/o Alabama College, Montevallo, Ala.

Arizona Society for Mental Hygiene. Rev. A. L. Krohn, President. 318 W. Granada, Phoenix, Ariz.

Northern California Society for Mental Hygiene. Mr. Jack Spear, Executive Secretary. 45 Second Street, San Francisco 5, Calif.

Southern California Society for Mental Hygiene. Mrs. Helene M. Lipscomb, Executive Director. 600 S. Hobart Boulevard, Los Angeles 5, Calif.

Connecticut Society for Mental Hygiene. Miss Frances Hartshorne, Executive Secretary. 152 Temple Street, New Haven 10, Conn.

Delaware Society for Mental Hygiene. Mr. H. Edmund Bullis, Executive Director. 1308 Delaware Avenue, Wilmington 19, Del.

Illinois Society for Mental Hygiene. Dr. Rudolph G. Novick, Medical Director. 343 S. Dearborn Street, Chicago 4, Ill.

Indiana Council for Mental Health. Dr. E. Burdette Backus, President. 415 E. 48th Street, Indianapolis, Ind.

Iowa State Society for Mental Hygiene. Dr. Norman D. Render, Executive Director. C/o State Hospital, Clarinda, Iowa.

Kentucky Mental Hygiene Association. Mrs. Ella Layne Brown, Executive Secretary. Mezzanine—New Capital Hotel, Frankfort, Ky.

Louisiana Society for Mental Health. Mr. Loyd Rowland, Executive Secretary. 829 Hibernia Bank Building, New Orleans 12, La.

Maine Teachers Mental Hygiene Association. Dr. Charles A. Dickinson, Secretary. University of Maine, Orono, Me.

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Massachusetts Society for Mental Hygiene. Executive Secretary, 3 Joy Street, Boston 8, Mass.

Michigan Society for Mental Hygiene. Mr. Harold G. Webster, Executive Secretary. 153 E. Elizabeth Street—Room 645, Detroit 1, Mich.

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